

YOU CAN'T ALWAYS PREVENT AN ACCIDENT.



YOU CAN PREPARE FOR ONE.
VOLUNTARY ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

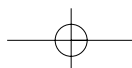


Hartford Life
Always thinking ahead.™



Underwritten by Hartford Life; Serviced and Marketed by
CAPITAL INSURANCE AGENCY, INC.

P.O. Box 15949 • Tallahassee, FL 32317-5949



**PLAN SPECIFICATIONS**

ACCIDENTS ARE, BY DEFINITION, UNEXPECTED.

Accidental Death & Dismemberment insurance offers a wide range of features and services, including:

- 24-hour, worldwide, on or off the job coverage
- Affordable group rates
- Flexible coverage
- Family coverage for your spouse and eligible dependent children
- Convenient payroll deduction

ACCEPTANCE INTO THE PLAN IS GUARANTEED.

By completing and sending in the attached enrollment form, you will automatically be accepted into the plan without any evidence of insurability required.

ELIGIBILITY REQUIREMENTS

All full-time active employees under age 75 who work a minimum of 30 hours per week, as well as all active part-time and shared employment employees under age 75 who work a minimum of 20 hours per week are eligible to purchase coverage. You may also purchase coverage for your spouse and your unmarried dependent child(ren), up to age 19, or up to age 25 if the child is a full-time student.

AVAILABLE COVERAGE

PLAN I – EMPLOYEE ONLY

Eligible employees may purchase any amount in \$5,000 increments to \$250,000, and in \$10,000 increments to a maximum of \$500,000.

Employees age 75 or older may not enroll under this plan.

PLAN II – EMPLOYEE AND FAMILY

Spouse – If no dependent child coverage, 50% of employee coverage amount, 40% of employee amount if child coverage elected.

Child – If no spouse coverage, 15% of employee coverage to a maximum of \$37,500; 10% of employee amount to a maximum of \$37,500 if spouse coverage elected.

PLAN III – EMPLOYEE AND CHILDREN

If there are eligible children but no spouse, the children will be insured for an amount equal to 15% of employee coverage amount, to a maximum of \$37,500.

ADDITIONAL FEATURES

EDUCATION BENEFIT – in addition to other benefits payable under the policy, an extra benefit of 5% to a maximum of \$5,000 will be paid on behalf of any dependent child in order to help provide support for the child's education beyond 12th grade.

SEAT BELT COVERAGE – If death is the result of a car accident in which the insured was wearing a seat belt, an additional 10% of the benefit to a maximum of \$10,000 will be paid.

ENHANCEMENT BENEFIT FOR CHILDREN – If an insured dependent child sustains a loss, other than loss of life, a benefit of 2 times the dependent child's coverage amount will be paid.

DAY CARE BENEFIT – A Day Care Benefit of 5% to a maximum of \$5,000 will be paid for each eligible Child who is covered under the policy if: a Principal Sum is payable under the Accidental Death and Dismemberment Benefit because of your death or your Covered Spouse's death; and such child is under age 7 at the time of your death; and proof of enrollment in a Day Care Program is provided as described in your certificate of coverage.

Payment will be made to the person who has legal physical custody of the eligible Child(ren) and who has primary responsibility for the eligible Child(ren)'s Expenses.

SPOUSE EDUCATION BENEFIT – In the event of your death, your eligible spouse will be paid a benefit to a maximum of \$5,000 to cover the expenses of learning a special skill or trade.

SURVIVOR'S BENEFIT – In the event of your death, your eligible insured spouse or dependent will receive a monthly benefit of 1% of your coverage amount for 6 consecutive months.

CONTINUATION BENEFIT – In the event of your death, your eligible spouse and dependents may continue to receive coverage at no additional charge for up to 12 months.

COMA BENEFIT (EMPLOYEE AND DEPENDENT) – Benefits will be paid if you or your insured dependent suffers a covered accidental bodily injury which directly results in a coma. After the waiting period, the benefit will be paid at the rate of 1% for 100 months. Payment will cease on the earliest to occur of: the end of the month in which the Covered Person dies; the end of the month in which the Covered Person recovers from the Coma; or when the total payment equals the Comatose Maximum Benefit Amount.

The Comatose Maximum Benefit Amount equals the Principal Sum less all other payments under the Accidental Death and Dismemberment Benefit for the Injury.

COMMON CARRIER BENEFIT – If a covered person suffers a loss due to a common carrier hazard, an additional benefit of two times the Principal Sum, up to \$200,000 will be paid to the covered person.

REHABILITATION BENEFIT – If you suffer an injury which results in a dismemberment loss as covered under the policy, you will be paid an additional 10% of your coverage amount to a maximum of \$10,000 for rehabilitative physical therapy that is prescribed by the attending doctor.

EXPOSURE AND DISAPPEARANCE BENEFIT – Loss resulting from unavoidable exposure to the elements shall be covered to the extent of the benefits afforded you. If your body has not been found within one year of the disappearance, stranding, sinking or wrecking of any vehicle in which you were an occupant, then it shall be presumed, subject to all other provisions and conditions of the policy, that you suffered loss of life covered under the policy.

CONVERSION – Insureds under age 70 who are retiring or terminating employment may convert to an individual AD & D policy, up to \$100,000.



HOW TO ENROLL

COMPLETE ALL SECTIONS

of the attached enrollment form, sign and date and return to:

**POST TAX BENEFITS OFFICE
DEPARTMENT OF TRANSPORTATION
605 SUWANNEE STREET, MS 50
TALLAHASSEE, FLORIDA 32399-0450**

Employees may enroll at any time. Coverage becomes effective the first day immediately following the first payroll deduction.

DISCLAIMER STATEMENT: You will receive a certificate of insurance describing the exact coverage benefits purchased. This brochure explains the general purposes of the insurance described, but in no way changes or affects of the insurance afforded under the group insurance policy actually issued. All coverage is subject to actual policy conditions and exclusions.

BENEFIT REDUCTION SCHEDULE

We base the premium for insured persons age 70 and older on the Principal Sum selected prior to reductions due to age. Please note the Principal Sum is reduced on or after the premium due date when the insured person reaches the following ages:

Insured Person's Age	Percent of Principal Sum
Age 70 to 74	65%
Age 75 to 79	45%
Age 80 to 84	30%
Age 85 and over	15%

DEFINITION OF INJURY

Injury means a bodily injury resulting directly from any accident and independent of all other causes. Loss resulting from sickness or disease, or medical or surgical treatment of a sickness or disease, is not covered. The accident must occur while you are covered under the policy.

BENEFIT EXCLUSIONS

This plan does not cover any loss resulting from:

- Intentionally self-inflicted Injury, suicide or attempted suicide, whether sane or insane;
- War or act of war, whether declared or undeclared;
- Injury sustained while full-time in the armed forces of any country or international authority;
- Injury sustained while riding On any aircraft: as a pilot, crewmember or student pilot; as a flight instructor or examiner, or; if it is owned, operated or leased by or on behalf of the Policyholder, or any employer or organization whose eligible persons are covered under this policy;
- Injury sustained while riding On any aircraft except Civil or Public Aircraft, or Military Transport Aircraft;
- Injury sustained while voluntarily taking drugs which federal law prohibits dispensing without a prescription, including sedatives, narcotics, barbiturates, amphetamines, or hallucinogens, unless the

- drug is taken as prescribed for or administered by a licensed physician;
- Injury sustained as a result of being legally intoxicated from the use of alcohol;
- Injury sustained while committing or attempting to commit a felony.

AD&D LOSS SCHEDULE

If a Covered Person's injury results in any of the following losses within 365 days after the date of accident, we will pay the sum shown opposite the loss.

We will not pay more than the Principal Sum for all losses due to the same accident.

The Principal Sum is equal to the AD&D Benefit selected.

For Loss of:

Life.....	The Principal Sum
Both Hands.....	The Principal Sum
Both Feet.....	The Principal Sum
Sight of Both Eyes.....	The Principal Sum
One Hand and One Foot.....	The Principal Sum
Speech and Hearing.....	The Principal Sum
Either Hand or Foot & Sight of One Eye.....	The Principal Sum
Movement of Both Upper and Lower Limbs (Quadriplegia).....	The Principal Sum
Movement of Three Limbs (Triplegia).....	3/4 of The Principal Sum
Movement of Both Lower Limbs (Paraplegia).....	3/4 of The Principal Sum
Movement of Both Upper and Lower Limbs of One Side of the Body (Hemiplegia).....	1/2 of The Principal Sum
Either Hand or Foot.....	1/2 of The Principal Sum
Sight of One Eye.....	1/2 of The Principal Sum
Speech or Hearing	1/2 of The Principal Sum
Movement of One Limb (Uniplegia).....	1/4 of The Principal Sum
Thumb and Index Finger of Either Hand.....	1/4 of The Principal Sum

TERMINATION OF COVERAGE

Coverage will terminate on the earliest of the following dates:

- The date the policy is terminated; or
- The premium due date on or next following the date you are no longer an eligible person or fail to pay premium.

Coverage for eligible dependents will terminate on the premium due date following the earlier of:

- The date you cease to be insured; or
- The date your dependent is no longer eligible.

SEE THE REVERSE SIDE

of this brochure for a complete listing of AD&D benefits available and applicable plan costs.

FOR QUESTIONS PLEASE CONTACT: (800)281-1015

FLORIDA DEPARTMENT OF TRANSPORTATION ACCIDENTAL DEATH & DISMEMBERMENT BI-WEEKLY RATE SCHEDULE SHEET

AD&D Benefit	Plan I Employee Only	Plan II Employee & Family	Plan III Employee & Child	AD&D Benefit	Plan I Employee Only	Plan II Employee & Family	Plan III Employee & Child
\$10,000	\$0.30	\$0.44	\$0.34	\$195,000	\$5.85	\$8.58	\$6.63
\$15,000	\$0.45	\$0.66	\$0.51	\$200,000	\$6.00	\$8.80	\$6.80
\$20,000	\$0.60	\$0.88	\$0.68	\$205,000	\$6.15	\$9.02	\$6.97
\$25,000	\$0.75	\$1.10	\$0.85	\$210,000	\$6.30	\$9.24	\$7.14
\$30,000	\$0.90	\$1.32	\$1.02	\$215,000	\$6.45	\$9.46	\$7.31
\$35,000	\$1.05	\$1.54	\$1.19	\$220,000	\$6.59	\$9.68	\$7.47
\$40,000	\$1.20	\$1.76	\$1.36	\$225,000	\$6.75	\$9.91	\$7.65
\$45,000	\$1.35	\$1.98	\$1.53	\$230,000	\$6.90	\$10.12	\$7.82
\$50,000	\$1.50	\$2.20	\$1.70	\$235,000	\$7.05	\$10.34	\$7.99
\$55,000	\$1.65	\$2.42	\$1.87	\$240,000	\$7.20	\$10.56	\$8.16
\$60,000	\$1.80	\$2.64	\$2.04	\$245,000	\$7.35	\$10.78	\$8.33
\$65,000	\$1.95	\$2.86	\$2.21	\$250,000	\$7.50	\$11.00	\$8.50
\$70,000	\$2.10	\$3.08	\$2.38	\$260,000	\$7.80	\$11.44	\$8.84
\$75,000	\$2.25	\$3.31	\$2.56	\$270,000	\$8.10	\$11.88	\$9.18
\$80,000	\$2.40	\$3.52	\$2.72	\$280,000	\$8.40	\$12.32	\$9.52
\$85,000	\$2.55	\$3.74	\$2.89	\$290,000	\$8.70	\$12.76	\$9.86
\$90,000	\$2.70	\$3.96	\$3.06	\$300,000	\$9.00	\$13.19	\$10.21
\$95,000	\$2.85	\$4.18	\$3.23	\$310,000	\$9.30	\$13.64	\$10.54
\$100,000	\$3.00	\$4.40	\$3.40	\$320,000	\$9.60	\$14.08	\$10.88
\$105,000	\$3.15	\$4.62	\$3.57	\$330,000	\$9.90	\$14.52	\$11.22
\$110,000	\$3.30	\$4.84	\$3.73	\$340,000	\$10.20	\$14.95	\$11.56
\$115,000	\$3.45	\$5.06	\$3.91	\$350,000	\$10.50	\$15.40	\$11.90
\$120,000	\$3.60	\$5.28	\$4.08	\$360,000	\$10.80	\$15.84	\$12.24
\$125,000	\$3.75	\$5.50	\$4.25	\$370,000	\$11.10	\$16.28	\$12.58
\$130,000	\$3.90	\$5.72	\$4.42	\$380,000	\$11.40	\$16.72	\$12.92
\$135,000	\$4.05	\$5.94	\$4.59	\$390,000	\$11.70	\$17.16	\$13.26
\$140,000	\$4.20	\$6.16	\$4.76	\$400,000	\$12.00	\$17.60	\$13.60
\$145,000	\$4.35	\$6.38	\$4.93	\$410,000	\$12.30	\$18.04	\$13.94
\$150,000	\$4.50	\$6.60	\$5.11	\$420,000	\$12.60	\$18.48	\$14.28
\$155,000	\$4.65	\$6.82	\$5.27	\$430,000	\$12.90	\$18.92	\$14.62
\$160,000	\$4.80	\$7.04	\$5.44	\$440,000	\$13.20	\$19.36	\$14.96
\$165,000	\$4.95	\$7.26	\$5.61	\$450,000	\$13.50	\$19.80	\$15.30
\$170,000	\$5.10	\$7.48	\$5.78	\$460,000	\$13.80	\$20.24	\$15.64
\$175,000	\$5.25	\$7.70	\$5.95	\$470,000	\$14.10	\$20.68	\$15.98
\$180,000	\$5.40	\$7.92	\$6.12	\$480,000	\$14.40	\$21.12	\$16.32
\$185,000	\$5.55	\$8.14	\$6.29	\$490,000	\$14.70	\$21.56	\$16.66
\$190,000	\$5.70	\$8.36	\$6.46	\$500,000	\$15.00	\$22.00	\$17.00

VOLUNTARY ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE



CAPITAL INSURANCE AGENCY, INC.

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