



An Accident Protection Program

Designed for Professional Association Members and their Employees

Introducing Our Accident Insurance Plan

We are pleased to present a High Limit Voluntary Accidental Death & Dismemberment Plan of Insurance (AD&D) through membership in your association.

Unlike other plans that might be available to you, this plan covers you 24 hours a day, anywhere in the world, whether standing in your own shower, on a cruise to exotic lands or simply driving to work.

No loss is as devastating as sudden accidental death, loss of sight or dismemberment and the financial hardship that it causes. Sometimes, the estate is inadequate or assets are not readily convertible to cash. There is no time to plan!

You choose the amount of coverage that you need, up to \$500,000 for yourself. Employees of members may also purchase this plan. There is no underwriting; coverage is guaranteed when you meet the eligibility criteria. If you wish to cover eligible dependents, family plan benefits are also available.

Who is Eligible?

You are eligible to enroll if you are an Oklahoma resident, an active member, an associate member or employee of a member of the sponsoring organization and under the age of 75. Your spouse, under age 60, and unmarried children under 19 are also eligible. Unmarried children who are full-time students and primarily dependent upon you for support are eligible up to age 25.

When Am I Covered?

You are covered 24 hours a day, anywhere in the world, on the job or at home.

Accidental Death & Dismemberment Benefits Payable:

If an injury results in any of the following losses within 365 days after the accident, this plan will pay benefits according to the schedule below:

The total limit of liability for any one person for all losses due to the same accident will not exceed the amount of the Principal Sum.

Description of Loss	Amount
Life*	Principal Sum
Both hands or both feet or sight of both eyes	Principal Sum
One hand and one foot	Principal Sum
Either hand or foot and sight of one eye	Principal Sum
Speech and hearing	Principal Sum
One leg or arm	2/3 Principal Sum
Either hand or foot	1/2 Principal Sum
Sight of one eye	1/2 Principal Sum
Speech or hearing	1/2 Principal Sum
Thumb and index finger of either hand	1/4 Principal Sum

Loss means with regard to:

- Sight, speech, hearing, hand, foot, leg, arm thumb or index finger, total and irrecoverable and cannot be restored or corrected by medical or surgical treatment.
- One leg or one arm, actual severance through or above the knee or elbow joint.
- Hands or feet, severance at or above the wrist or ankle.
- Thumb and index finger, actual, complete and permanent severance through or above the metacarpophalangeal joints.

* Plan pays for loss of life in case of Exposure, or one year after Disappearance.

How Much Insurance Can I Buy?

Schedule of Benefit Options:

You may choose a plan providing any Principal Sum from \$100,000 to \$500,000 in increments of \$25,000.

If you elect the Family Plan, benefits are determined by family composition at the time of the accident and will provide the following insurance for your dependents:

- If you have an eligible spouse only, at the time of the accident, your spouse will be insured for 50% of your coverage.
- If you have an eligible spouse and eligible children, at the time of the accident, your spouse is insured for 40% of your Principal Sum and each child is insured for 10% of your Principal Sum.
- If you have eligible children only, at the time of the accident, your children are insured for 15% of your Principal Sum.

Survivor Benefit:

If you are enrolled in an Individual or Family Plan and you or your insured spouse should die, a Survivor Benefit will also be payable equal to one percent of the death benefit each month for six consecutive months.

Seat Belt Benefit:

If you or your insured dependents suffer loss of life due to a covered accident, and the accident occurs while riding in or operating a 4-wheeled private passenger automobile, and secured by seat belts or child restraint, the company will pay an additional 10% benefit (to a maximum of \$10,000).

Air Bag Benefit:

If a benefit is payable under the Seat Belt Benefit, and an insured person suffers loss of life under the policy while a driver or passenger in a 4-wheel, private passenger automobile and the air bag for the seat occupied by the insured person properly deployed at impact, an additional benefit of 10% of the principal sum will be payable (to a maximum of \$10,000).

In no event will the benefit payable under both the Seat Belt and Air Bag benefits exceed \$20,000 combined.

Seat belts and airbags must meet federally published standards and have been properly installed; the air bag must have deployed to protect the covered person sitting in the seat that the airbag was designed to protect, and the police report must establish that it deployed properly upon impact.

Common Carrier Benefit:

If the certificate holder suffers loss of life while riding as a passenger in a regularly scheduled, common public passenger carrier, an additional principal sum amount equal to 100% of the principal sum will be paid, subject to a maximum of \$100,000.

General Exclusions:

The Policy does not cover a loss caused directly or indirectly by:

- Suicide or attempted suicide, whether sane or insane (in Missouri or Colorado while sane);
- Intentionally self-inflicted injuries;
- War or acts of war, declared or undeclared, when serving in the military or an auxiliary unit thereof;
- Active participation in a riot;
- Committing or attempting to commit a felony;
- Use of any drug, hallucinogen, controlled substance, or narcotic unless prescribed by a Physician;
- Driving while intoxicated, as defined by the applicable state law where a Loss occurred;

- Disease, bodily or mental infirmity, or medical or surgical treatment of these;
- Injury which results from you being engaged in the following hazardous activities: skydiving, hang gliding, auto racing, dirt bike riding, mountain climbing, Russian Roulette, autoerotic asphyxiation, bungee jumping or using off-road vehicles;
- Your being engaged in an illegal occupation;
- Injury sustained during travel in or descent from any aircraft: as a student pilot, pilot, officer, or other member of the crew; or when the aircraft is used to train, test, or experiment; or when the aircraft is part of any military, naval, or air force;
- Injury sustained during travel in, or descent from any aircraft, unless as a fare-paying passenger on a commercial airline flying between established airports on a scheduled route; or a charter flight seating 15 or more people;
- Your being in the armed forces of any country or international authority for a period greater than 30 days (in such event the pro rata unearned premium shall be returned to you for any period of full-time active duty for more than 30 days provided you notify Us within 12 months of entering the armed forces).
- Under Common Carrier Benefit, we do not cover (1) any conveyance that is hired or used for a sport, gamesmanship, contest, sightseeing, observatory or recreational activity, regardless of whether the conveyance is licensed or has published schedules; or (2) any aircraft owned, operated, chartered or leased by or for the Policyholder; or (3) any transport type aircraft operated by the U.S. Air Mobility Command or similar air transport service of any governmental or international authority.

Definition of Injury:

Injury means a bodily injury resulting directly from an 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.

How Do I Enroll?

To enroll for this coverage:

Complete the attached enrollment form, indicating the principal sum you would like and specifying whether you want the optional coverage for your spouse and/or children, and return to Beale Professional Services. No premium is required now. A policy will be sent to you along with a premium notice.

Termination Date:

Coverage will terminate on the earliest of the following dates:

- The date the policy is terminated.
- The date the Association ceases to sponsor coverage under the Policy.
- 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:

- The date you cease to be insured.
- The date your dependent is no longer eligible.
- The date you fail to pay for Dependent coverage.

Coverage for employees of members will terminate on premium due date following the date you cease to be a Member, employee of Member, or Associate Member of the sponsoring Association.

Reduction Due To Age:

A covered person's Principal Sum automatically reduces on the Premium Due Date on or next following the date he or she attains the age indicated to the right:

Age	Percentage of Principal Sum
75-79	55%
80-84	35%
85 and Over	20%

When Will My Coverage Be Effective?

Your coverage will become effective on the first day of the month on or next following the date your enrollment form and premium payments are received by the Administrator provided you are actively at work and not disabled.

Can I Change My Coverage After I Have Enrolled?

Yes. To request a change in coverage, simply complete a new enrollment form. The change will become effective on the first day of the month on or next following the date your new enrollment form is received by the Administrator provided you are actively at work and not disabled.

Who Will Be The Beneficiary?

Benefits for loss of your life will be paid to the beneficiary you have designated. If you have not designated a beneficiary, the life benefit will be paid to your estate. Benefits for loss other than life will be paid to you. All

ANNUAL PREMIUM SCHEDULE		
Principal Sum*	Individual	Family
\$100,000	\$54.00	\$84.00
200,000	108.00	168.00
250,000	135.00	210.00
300,000	162.00	252.00
400,000	216.00	336.00
500,000	270.00	420.00

**Rates apply to the principal Sum in effect on each Premium Due Date. Premium rates may change on any Premium Due Date if the group policy rates change.*

Underwritten by:
Unimerica Insurance Company
10701 West Research Drive
Milwaukee, WI 53226

Administered by:
3000 Insurance Group
3000 NW 149th Street
Oklahoma City, OK 73134

As issued under form ADD-6001 A (UIC) NMOD OK. This brochure provides a summary of the benefits and exclusions contained in the policy and certificate of insurance issued under Group Policy Number 1246 to the Trustee of the Oklahoma Professional Insurance Trust.

Please consult your certificate of insurance for a complete description of coverage.



Group Accidental Death & Dismemberment Insurance

Enrollment Form

Group Master Policyholder: **Trustee of Oklahoma Professionals Insurance Trust**

Group Master Policy Number: **1246**

Enrolling Group: **Oklahoma Bar Association** **Oklahoma Society of CPAs** **Oklahoma Dental Association**

Association of Nurse Practitioners **Oklahoma Association of Realtors** **Oklahoma Association of Optometric Physicians**

Member of the Enrolling Group

Date of Membership: _____

Employee of a Member

Date of Hire: _____

If an Employee: Name and Address of Member/Firm: _____

Member/Employee's Full Name: _____ **Date of Birth:** _____ M F

Mailing Address: _____ **Social Security Number:** _____

City: _____ **State:** _____ **Zip Code:** _____ **Phone Number:** _____

Email Address: _____

You must be a member or an employee of a member of an Enrolling Group to enroll for coverage. The member or employee must be insured to cover dependents.

Please make your enrollment election below, enter the Principal Sum and, if you are requesting coverage for your dependents, provide their full name and date birth. If you need more space, list additional children on a separate sheet of paper and send it to us with your enrollment form.

Plan: Member or Employee Only Family Plan Check here if You are currently insured and requesting a Plan change

Principal Sum: \$ _____ (Enter an amount from \$100,000 to \$500,000 in increments of \$25,000)

Your Beneficiary*: _____ **Relationship:** _____

** Under the Family Plan, You are the beneficiary of Your Spouse and Children.*

List all eligible dependents:

	<u>Full Name</u>	<u>Date of Birth</u>
<input type="checkbox"/> Spouse	_____	_____
<input type="checkbox"/> Children	_____	_____
	_____	_____
	_____	_____

I understand and agree that coverage will not take effect until the first day of the month after my enrollment form and first premium for the required amount are received by Unimerica Insurance Company.

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Member/Employee's Signature _____ **Date** _____

Please send your fully completed form to: 3000 NW 149th Street | Oklahoma City, OK 73134

Underwritten on Policy Form ADD-6001 A (UIC) NMOD OK by: Unimerica Insurance Company, Milwaukee, Wisconsin 53226 Association Administrative Address: P.O. Box 17828, Portland, Maine 04112-8828

*Form ADD-6001 E
Printed in U.S.A.*

1246 - 900317
1246 - 900318