

# AIG Occupational Accident Program Enrollment Form

PLEASE PRINT CLEARLY

Policy Number- TRK9048928

## A. Insured Information

Your Name: \_\_\_\_\_

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Street Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## B. Beneficiary Election

Beneficiary: \_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

## C. Additional Information

Leased To: \_\_\_\_\_

Type of operation: \_\_\_\_\_ Box/Van \_\_\_\_\_ All Other (excludes livestock & hazmat haulers)

Agency Name: \_\_\_\_\_

## D. Benefit Election and Signature Agreement

**NOTE:** This policy is **NOT** a Workers Compensation or Employer's Liability policy. The benefits under this policy do not necessarily equal the benefits which an insured person might be eligible for under Workers Compensation.

I accept the insurance provided by the group insurance plan

I select:    Option 1       \_\_\_Low Hazard            \_\_\_High Hazard  
                  Option 2       \_\_\_Low Hazard            \_\_\_High Hazard

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Effective Date

Program administered by:



BISYS Specialty Programs  
PO BOX 2400  
Melbourne, FL 32902-2400

# AIG Occupational Accident Program

## Summary of Benefits

BENEFIT SUMMARY	Low Hazard		High Hazard	
	Option 1	Option 2	Option 1	Option 2
<b>Occupational Benefits</b>				
Accidental Death	\$25,000	\$25,000	\$25,000	\$25,000
Survivor Benefits - Principal Sum	\$225,000	\$225,000	\$225,000	\$225,000
Maximum Benefit Period	100 Months	100 Months	100 Months	100 Months
Maximum Monthly Benefit	\$2,250	\$2,250	\$2,250	\$2,250
<b>Accidental Dismemberment Benefit</b>	\$250,000	\$250,000	\$250,000	\$250,000
<b>Paralysis Benefit</b>	\$250,000	\$250,000	\$250,000	\$250,000
<b>Accidental Medical Expense Benefit</b>				
Maximum Benefit Amount	\$300,000	\$1,000,000	\$300,000	\$1,000,000
Deductible	None	None	None	None
Maximum Benefit Period	104 Weeks	104 Weeks	104 Weeks	104 Weeks
<b>Temporary Total Disability Benefit</b>				
Maximum Weekly Benefit	\$400	\$400	\$400	\$400
Participation Percentage	70%	70%	70%	70%
Maximum Benefit Period	104 Weeks	104 Weeks	104 Weeks	104 Weeks
Waiting Period	7 Days	7 Days	7 Days	7 Days
Commencement Period	90 Days	90 Days	90 Days	90 Days
<b>Continuous Total Disability Benefit</b>				
Maximum Weekly Benefit	\$400	\$400	\$400	\$400
Participation Percentage	70%	70%	70%	70%
Maximum Benefit Period	Up to Age 70	Up to Age 70	Up to Age 70	Up to Age 70
<b>Non-occupational Benefits</b>				
AD&D	N/A	\$5,000	N/A	\$5,000
Accident Medical Expense Maximum	N/A	\$2,500	N/A	\$2,500
A.M.E. Deductible	N/A	\$0	N/A	\$0
Incurral Period	N/A	52 Weeks	N/A	52 Weeks

Aggregate Limits	Low Hazard		High Hazard	
	Option 1	Option 2	Option 1	Option 2
<b>Occupational Benefits</b>				
CSL	\$300,000	\$1,000,000	\$300,000	\$1,000,000
Aggregate	\$600,000	\$2,000,000	\$600,000	\$2,000,000
<b>Non-occupational Benefits</b>				
CSL	N/A	\$10,000	N/A	\$10,000
Aggregate	N/A	\$20,000	N/A	\$20,000

<b>Monthly Cost Per Person</b>	<b>\$135</b>	<b>\$142</b>	<b>\$157</b>	<b>\$165</b>
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\*\*Deposit equal to one month's premium will be billed at inception

Benefit Summary and costs effective 7/1/05

Program administered by:



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PO BOX 2400  
Melbourne, FL 32902-2400

Low Hazard: Box/Van Operation

High Hazard: All Other (excludes livestock and hazmat)