

ACCIDENTAL DEATH & DISMEMBERMENT

AND

ACCIDENT DISABILITY INCOME POLICY

Program Includes:

Accidental Disability Income Benefit

\$250 Maximum Income per week
14-day Elimination Period
26-week benefit Period

Accidental Death & Dismemberment Benefit

Up to \$10,000

Monthly Cost

\$29.99

Eligibility – All applicants must join the ABA and be dues paying members, be under age 70, and family (lawful spouses under age 70, dependent children, under age 18, must be living at home). All eligible applicants are accepted and annual dues are included in the annual cost.

Accident Disability Income Application

Last Name: _____ First: _____ MI: _____

SSN: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone:(_____) - _____ Eff Date: _____

Dependents	Relationship	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Requested Effective Date: ____ / 01 / 20 ____

All applications will become effective on the first of the month following receipt of the application by ICA. This brochure is a summary of coverage, please review your certificate for additional details.

Checks are to be made payable to: International Consultants Alliance

Please include a one-time Application Fee of \$60.

Applicant Signature: _____ Date: _____

Consultant: _____ Code: _____

All plans are made effective on the first of every month

**American Benefits Association
Marketed by:**

**International Consultants Alliance, LLC
375 North Main Street
Port Chester, NY 10573
www.annuitymanagers.com
info@annuitymanagers.com**

1-877-676-9900

**ACCIDENT DEATH & DISMEMBERMENT
AND
ACCIDENT DISABILITY INCOME**

Only \$29.99 Monthly

Please include a one-time Application Fee of \$60

**SYNOPSIS OF COVERAGE
FOR
ACCIDENT DEATH & DISMEMBERMENT
AND
ACCIDENT DISABILITY INCOME**

Policy Number 505-0000570

This plan is administered by National Accident Insurance Underwriters

Persons Insured for \$10,000 Accidental Death & Dismemberment includes all members, under age 70, and family (lawful spouses, under age 70, and dependent children under age 18, living at home).

When Coverage Applies

Accident coverage provides 24-hour coverage when accidental bodily injury causes a covered loss. Protection afforded is 24 hours a day – worldwide – while on business or pleasure.

ACCIDENTAL DEATH AND SPECIFIC LOSS BENEFIT

Death – If, as a result of Injury, an Insured dies within one year from the date of the accident causing the injury, benefits will be paid, subject to the overall maximum for any one accident, the death benefit which applies less any specific loss benefit paid because of the same accident. The one year limit does not apply in a Pennsylvania contract.

Specific Loss – If, as a result of an Injury, an Insured suffers a specific loss within one year from the date of the accident causing the Injury, benefits will be paid, subject to the overall maximum from any one accident, a benefit based on the face amount which applies to the Injured as specified in the table below:

<u>For the Loss of:</u>	<u>Percent of the Face amount</u>
Each Arm-----	75%
Each Leg-----	75%
Each Hand-----	50%
Each Foot-----	50%
Sight of Each Eye-----	50%
Speech-----	50%
Hearing of Each Ear-----	25%
Thumb and Index Finger of the Same Hand-----	50%

**This Policy does not pay
Benefits for losses caused by
Sickness.**

This policy is issued to
Universal Package Benefits
Association, Inc.

Specific Loss means the total, permanent, and irrecoverable loss of:

1. a natural arm or leg severed at or above the elbow or knee joint;
2. a natural hand or foot severed at or above the wrist or ankle joint;
3. The entire sight of an eye or the speech, or entire hearing of an ear; or
4. a natural thumb and index finger severed at or above the joints which attach them to the hand.

The total payment for all specific losses of an Insured because of any one accident will not be more than the face amount which is \$10,000. No specific loss benefit will be paid if the death benefit applies. The loss of the thumb and index finger of the same hand benefit will not be paid if the loss of the hand or arm benefit applies. The loss of the hand or foot benefit will not be paid if the loss of the arm or leg benefit applies.

The overall maximum for any one accident for one insured is \$10,000. This is the amount payable for all death and specific loss claims incurred for all insured's under the contract which are caused by any one accident. If this is not enough to pay the total of all such claims, then the amount that will be paid for the death or specific loss of any one insured will be his or her proportional share of this amount.

THIS IS LIMITED ACCIDENT INSURANCE. IT IS AN ACCIDENT ONLY POLICY AND DOES NOT COVER LOSS OR EXPENSE RESULTING FROM SICKNESS, DISEASE OR BODILY INFIRMITY. In order to receive benefits, an insured must sustain an injury while the policy is in force and such injury directly and independently causes a loss covered by the policy.

Persons Insured for \$250 Weekly Disability Income include all members, under age 70, and lawful spouses, under age 70, who are gainfully employed.

WEEKLY ACCIDENT INCOME BENEFIT

If, as a result of injury, an insured becomes totally disabled within 90 days from the date of the accident causing the injury, the will be paid (subject to any reduction – see below) the weekly accident income on the following basis:

1. benefits start on the 14th day of disability
2. weekly benefits is \$250. If payment is for part of a week, the daily rate will be 1/7 of the weekly benefit; and
3. benefits for the period of disability will end on the first of these to occur:
 - a) the death of the insured;
 - b) when the total disability ends;
 - c) when the number of weeks for which benefits have been paid equals twenty six (26) weeks;
 - d) when the insured reaches age 70.

Total disability or totally disabled means a disability caused by an injury; (1) which keeps the insured from performing with reasonable continuity, the substantial and material duties of his or her regular job; and (2) during which it is shown that the insured is either: (a) under the regular care of a doctor; or (b) at the maximum point of recovery as determined by competent medical authority.

Period of disability means the period of time when the Insured is totally disabled. Successive periods of disability are treated as one unless the latest is because of an unrelated cause and begins after the Insured returns to active work for at least on full day.

Reduction means that the weekly accident income benefit amount payable to an Insured for total disability will be reduced a much as necessary to keep the total of the amount payable plus all of the insured's income from the other sources from being more than 75% of his or her gross average weekly earning from all salaries, wages, commissions, bonuses, and other direct regular job income.

Income from other sources means periodic benefits for loss of time payable or provided for the same period of disability or a part of that period under:

1. Another insurance contract or retirement plan;
2. An employer, labor management, and/or union sponsored salary continuance; disability or retirement plans;
3. Workers' Compensation, Unemployment Compensation, or similar occupational laws; and
4. The Social Security Act, the Railroad or Civil Service Retirement Act, any compulsory state disability benefit law, or any other loss of time or retirement plan provided by a government authority of any country (including any state, province, or political subdivision).

Increases in the amounts paid under items (3) and (4) above which occur after the benefit period begins will not be used to further reduce the amount paid.

Regular job means either: (1) the insured's job at the time the injury occurred; or (2) if, at the time the injury occurred, the insured is not working because of layoff, employer termination, general strike, unionized labor dispute or lockout, his or her job immediately before such action.

Claims Information Written notice of claim must be given within 30 days after a covered loss occurs or as soon as reasonably possible. We will send forms to authorized members who ask for them within 15 days after notice of claim is given. Notice must be sent to American Benefits Association, at the address shown below, or by calling 888-295-9567 Ext. 202. All completed claim forms are to be returned to American Benefits Association for signatures and verification of coverage.

**American Benefits Association
199 S. Black Horse Pike
Blackwood, NJ 08012**

This is a brief description of the important benefits of the plan and is not a contract or certificate of coverage. Terms and conditions of this coverage are set forth in the SPECIFIED HAZARD INSURANCE POLICY located at the above address.