



Act now to significantly increase your current coverage if you are disabled in an accident.

Think about all the bills you pay. And about how prices always go up. Don't find yourself saying "I wish I had increased my coverage when I had the chance."

As a valued member of ISBA, you are eligible to enroll in this Accident Disability Benefit.

Simply complete the enrollment form below and note there are no medical questions or exams required. Make sure you've done all you can to ensure you and your family will have the funds you need.

To apply for coverage, please complete the application below and submit it to the address provided on the back of the application.

Why this is a good idea.

- According to the National Safety Council, over 2,000 accidents occur EVERY HOUR in America.*
- According to the Society of Actuaries, if your disability lasts more than 90 days, it's likely to average 2.5 years.**

Sources:

- * National Safety Council Injury Facts TM, 2000 edition, p. 25.
- ** Commissioner's Individual Disability Table A, Society of Actuaries, 1985.

As an association member you get quality coverage for less.

Monthly benefit	Benefit period	Your semi-annual premium
\$5,000	36 months	\$232.11
\$4,000		\$185.69
\$3,000		\$139.32

Please note the waiting period is 30 days and benefits may not exceed 75% of total income. Does not integrate with your current disability coverage.

Detach here and complete.

Enroll Now

Yes, I want increased benefits if I have a disabling accident.

Please enroll me in the American Advantage Association Accident Disability Protection Plan.

Underwritten by: United States Fire Insurance Company, Policy US033746,US033747,US033748

Check amount desired: \$5,000/36 months \$4,000/36 months \$3,000/36 months

Please complete

Name:

Address: City: State: Zip:

Insured's birth date: Male Female Occupation:

Are you currently working 20 hours a week or more? Yes No Are you currently disabled or receiving disability benefits? Yes No

Are you a U.S. Citizen or permanent resident of the US? Yes No

Signature _____ Date _____

(Required)

(Required)

Disclosure-This benefit is underwritten by United States Fire Insurance Company and is subject to the terms, definitions, conditions, exclusions and limitations of the group policy.

Please read at once. Action will be required.

IMPORTANT NOTICE: Limited-time opportunity for "double coverage" benefits

AMERICAN ADVANTAGE ASSOCIATION This is only an overview of coverage.

ACCIDENT means a sudden, unforeseeable external event which causes injury to one or more Covered Persons and occurs while coverage is in effect for the Covered Person.

BENEFITS ARE PAYABLE FOR ELIGIBLE EXPENSES FOR NON-WORK RELATED INJURIES ON THE FOLLOWING BASIS: "Total Disability"/"Totally Disabled" means: During the Waiting Period for this Total Disability Monthly Income benefit, and for up to the next 36 Months, a Covered Person must have accident injuries whereby he or she cannot do all the substantial and material duties of his or her type of work.

THIS IS LIMITED ACCIDENT DISABILITY 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 person must sustain an injury while the policy is in force and such injury directly and independently causes a loss covered by the policy.

GENERAL POLICY PROVISION
WORKERS' COMPENSATION INSURANCE: This Policy is not in lieu of, and does not affect, any requirement for coverage under any Workers' Compensation Insurance.

EXCLUSIONS
Benefits will not be paid for a Covered Person's loss which: 1. Is caused by or results from the Cov-

ered Person's own: a) Intentionally self-inflicted Injury, suicide or any attempt thereat, while sane; b) Voluntary self-administration of any drug or chemical substance not prescribed by and taken according to the directions of a doctor (Accidental inhalation of gas or ingestion of a poisonous substance is not excluded); c) Commission or attempt to commit a felony; d) Participation in a riot or insurrection;

e) Driving under the influence of a controlled substance unless administered on the advice of a doctor; f) Driving while Intoxicated. "Intoxicated" will have the meaning determined by the laws in the jurisdiction of the geographical area where the loss occurs;

2. Is caused by or results from: a) Declared or undeclared war or act of war; b) An Accident which occurs while the Covered Person is on active duty service in any Armed Forces; c) Aviation, except as a fare paying passenger on a commercial airline; d) Sickness, disease, bodily or mental infirmity or medical or surgical treatment thereof, bacterial or viral; infection; e) Nuclear reaction or the release of nuclear energy. However, this exclusion will not apply if the loss is sustained within 180 days of the initial incident and:

i) The loss was caused by fire, heat, explosion or other physical trauma which was a result of the release of nuclear energy; and ii) The Covered Person was within a 25 mile radius of the site of the release either: 1. At the time of the release; or

2. Within 24 hours of the start of the release;

ADDITIONAL EXCLUSIONS

Benefits will not be paid for:

1. An Injury that is caused by flight in: a) An aircraft, except as a fare-paying passenger; b) A space craft or any craft designed for navigation above or beyond the earth's atmosphere; c) An ultra light, hanggliding, parachuting or bungie cord jumping;

2. Any Accident where the Covered Person is the operator of a motor vehicle and does not possess a current and valid motor vehicle operator's license; 3. Injury that is: a) The result of the Covered Person being Intoxicated; or b) Caused by any narcotic, drug, poison, gas or fumes voluntarily taken, administered, absorbed or inhaled, unless prescribed by a doctor; 4. Nervous or mental disease or disorders; 5. Any loss which is covered by state or federal worker's compensation, employer's liability, occupational disease law, or similar laws; 6. Hernia of any kind; any bacterial infection.

Based on Policy Form GA26932A

Don't risk losing everything you've worked so hard for.

Supplement your existing coverage with Accident Only Disability that does not integrate with your existing disability coverage.

If something were to happen, you'd want to concentrate on getting better. Not stress about having enough money to live on.

Enroll in the American Advantage Accident Disability Plan today. Don't leave things to chance.



ISBA Insurance Agency
11555 N. Meridian Street, Ste. 220, Carmel, IN 46032
800-759-2777 toll free, 317-471-1700 fax