

ALL AHCA MEMBERS ARE ELIGIBLE TO RECEIVE AD&D COVERAGE. AHCA believes this coverage to be worthwhile and affordable. We encourages all members to participate in this benefit. Please, allow your employees the opportunity to be covered.

WHO IS INSURED

The first owner of any company who is a active member with AHCA is automatically insured with \$20,000 AD&D coverage. Any and all other owners or employees are eligible, for a small fee, to also receive this coverage.

COVERAGE FOR EMPLOYEES

Any company desiring coverage for their employees needs simply to notify AHCA and pay the appropriate premiums.

\$20,000 Coverage	\$20/employee/yr
\$50,000 Coverage	\$48.50/employee/yr
\$100,000 Coverage	\$93/employee/yr

If your employees were not covered with AD&D insurance when your company initially joined AHCA, or renewed with AHCA, you still have one month after that date to have them covered with AD&D insurance.

SUPPLEMENTAL COVERAGE

All AHCA members covered by the \$20,000 policy also have the opportunity to increase their coverage to \$50,000 or \$100,000—this is referred to as supplemental coverage.

Each individual applying for supplemental coverage should fill out and return the attached supplemental coverage application along with payment. See application for premiums.

COVERAGE FOR SPOUSE AND CHILDREN

AD&D coverage is also available for Your spouse and children. Coverage is a percentage of Your Principal Sum. The spouse is covered for 50% of Your Principal Sum if there are no insured dependent children at the time of the accident; or 40% of Your Principal Sum if there are insured dependent children at the time of the accident.

Each unmarried, dependent child of an active AHCA member, as defined under the policy, who is under 19 years of age (or through 25 years of age if the child is a full-time student in an accredited school or college), can be covered for 15% of Your Principal Sum if there is no dependent spouse at the time of the accident; or 10% of Your Principal Sum if there is a dependent spouse at the time of the accident. See application for premiums.

APPLICATION FOR SUPPLEMENTAL AD&D COVERAGE

Name: _____

Address: _____

Date of Birth: _____ Employed By: _____

Desired Amount of Coverage/Premium: \$50,000 / \$28.50 \$100,000 / \$73.00

Member's Signature: _____ Date: _____

Enter your annual premium here: \$ _____

Mail check for annual premium made payable to:

American Highway Carriers Association, P.O. Box 3190, Cerritos, CA 90703-3190 • (877) 855-8462

No Matter Where You Are In The World Or In Life



Protection Up To \$100,000 Is Available

Upgrade Your Current Policy
For As Little As \$73*

Low Cost Supplemental and Voluntary Accidental Death And Dismemberment Coverage

*For AHCA Members with AD&D base policy.
Conditions and restrictions apply.

ADDITIONAL BENEFITS

Educational Benefit: A yearly benefit that will pay an amount equal to 5% of the Insured's Principal Sum on behalf of the covered, dependent child. Child(ren) must be: 12th grade student(s) enrolling into a school for higher learning; attending a school for higher learning.

With respect to this benefit, *School for Higher Learning* means an educational institution above the 12th grade level. It includes, but is not limited to, any state university, private college or trade school.

Monthly Accidental Death Benefit: When Injury results in the Covered Person's loss of life, the policy will be payable per the Monthly Accidental Death benefit shown in the Schedule provided:

1. Coverage is in force; and
2. Death occurs within 365 days of the accident.

Such benefit will be paid to the designated Beneficiary on a monthly basis for the Period Certain

Safe Driving Benefit: This benefit increases the payable Principal Sum by 10% if the insured was wearing a properly fastened Seat Belt at the time of the accident; and the operator of the vehicle was not intoxicated or under the influence of drugs or a controlled substance.

With respect to this benefit *Seat Belts* means those belts that form a restraint system. It includes infant and child restraint systems when properly used with a seat belt.

For those members 70 or more years of age, the Principal Sum amount will be reduced to a percentage as shown below:

Age On Date Of Loss	Principal Sum
Age 69 or younger	100%
70-74	65%
75-79	45%
80	Coverage Terminates

APPLICATION FOR SPOUSE AND/OR CHILD COVERAGE

Name: _____

Address: _____

Date of Birth: _____ Employed By: _____

Desired Coverage: Spouse / \$16.00 Children / \$4.50 - One premium for all eligible children

Member's Signature: _____ Date: _____

Enter annual supplemental premium here: \$ _____ Enter annual voluntary premium here: \$ _____ TOTAL: \$ _____

Mail check for annual premium made payable to:

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