

Voluntary Disability Insurance and "Dead Head" Coverage For Norfolk Southern Railroad Provided by Reliance Standard Life Insurance Company

Short Term Disability Insurance Provided for Norfolk Southern (1) Conductors who are members of the BLET and (2) Engineers who don't make the list of Engineers with preponderance of earnings as an Engineer each year who are members of the BLET

Plan Highlights

Short Term Disability Coverage

- \$255/Week Benefit tax free (approx. \$1,105 per month)
- 2 Year Rate Guarantee
- Full Maternity Benefits
- 12/12 Pre Existing Condition
- Guaranteed Enrollment for any Eligible Member
- Cost is \$29 per month (\$27 Disability, \$2 Dead Head)
- 30 day Elimination Period
- 52 Week Benefit Period
- 24 Hour Coverage (you are covered for both on the job and off the job disabilities - accident and illness)
- Offset by any group Insurance Plan. Not offset by Individual Coverage, Sick benefits or Railroad Retirement
- Waiver of Premium while receiving Benefit Payments

Third Party Accident Insurance "Deadhead" Coverage

- Coverage applies while "Dead Heading" if you cannot claim through FELA
- \$500,000 Accidental Death and Dismemberment
- 10 times Earnings Cap
- \$10,000 Extra Seatbelt Coverage
- \$5,000,000 Aggregate per Accident
- Pays an additional benefit of \$10,000 if a covered accidental death occurs while operating or riding as a passenger in an automobile if it is verified that the person was wearing a properly-fastened, originally factory-installed seat belt

This is a summary of benefits only. For a complete description of benefits and limitations, refer to the policy booklet

Railroad Marketing Insurance Services
888-696-9951



ENROLLMENT FORM

***Voluntary Disability Insurance and "Dead Head" Coverage
through Reliance Standard Life
Norfolk Southern Railroad***

Member Name (Please print) _____

Home Address _____

City _____ State _____ Zip _____

Home Phone Number _____

BLET Division # _____ Employee ID # _____

Social Security # _____ Date of Birth _____ Sex _____

Annual Income last year (including all overtime) _____

Occupation _____ Date of Hire _____

Effective Date of Coverage _____

E-mail address _____

I wish to enroll in the disability insurance program and the "Dead Head" coverage through Reliance Standard Life and authorize Norfolk Southern Railroad to make the necessary deduction.

Signature _____ Date _____

Mail the completed form, in the business reply envelope to:

**Railroad Marketing Specialists
PO Box 787
Santa Clara UT 84765**

Or Fax the completed form to: (435) 688-1338