

Third Party Accident "Dead Head" Coverage
For Ticketed "Or govt" Employees
Underwritten by Reliance Standard Life Insurance Company

Plan Highlights

Third Party Accident Insurance "Deadhead" Coverage: Plan B

- \$550 of Weekly Benefit not to exceed 75% of Annual Base Salary for Maximum Period of 26 weeks with a 15 day elimination period
- 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
- Premium is \$7.05 per month per member

To and From Home Commuting with \$250,000 Accidental Death Coverage included

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

For enrollment or additional information contact Railroad Marketing 888-646-9951



Third Party Accident Insurance "Deadhead Coverage" Underwritten by Reliance Standard Life

\$500,000 Accidental Death and Dismemberment
\$10,000 Extra Seatbelt Coverage
\$550 per Week Accident Disability
14 Day Wait
26 Week Benefit
Paid on top of Disability and all other Policies
\$5,000,000 Aggregate per Accident
Only paid if no FELA Settlement

Accidental Death, Dismemberment and Paralysis

Losses Paid at 100%

Life
Both Hands or Both Feet
Sight of Both Eyes
One Hand and One Foot
One Hand and the Sight of One Eye
One Foot and the Sight of One Eye
Speech or Hearing in Both Ears

Losses Paid at 50%

The Sight of One Eye
One Hand or One Foot
Speech or Hearing

Losses Paid at 25%

Thumb and Index Finger of the Same Hand

Reduction Schedule

The maximum amount used to determine the amount payable for a loss will be reduced if an insured person is age 70 or older on the date of the accident causing the loss with respect to any of the following benefits provided by the plan:

Accidental Death Benefit, Accidental Dismemberment Benefit, Paralysis Benefit or Seat Belt Benefit. The maximum amount is reduced to a percentage of the maximum amount that would be used if the insured person were under age 70 on the date of the accident according to the following schedule:

Seat Belt Benefit

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.

Weekly Accident Indemnity Benefit

Pays an additional benefit if as the result of a covered accident the insured person is rendered totally disabled within 30 days of the accident that caused the injury. No benefit is provided for the first 15 days of total disability. The amount of the benefit per week is the lesser of the benefit plan amount selected or 75% of weekly earnings. It is payable weekly as long as the injured person remains totally disabled due to that injury up to a maximum of 26 weeks. Only one benefit is provided for any one day, regardless of the number of injuries causing the total disability. No benefits are payable under this benefit if the insured person had no earnings at the time of the accident causing the injury from an occupation, job or work being performed at the time.

Railroad Marketing Insurance Services
888-646-9951



ENROLLMENT FORM



Group Third Party Conveyance (Deadhead) Reliance Standard Life Insurance Company for The Brotherhood of Locomotive Engineers

Please Select Plan Option: **Plan A** **Plan B**

Members Name (Please Print) _____

Home Address _____ **State** _____ **ZIP** _____

BLET Division # _____ **Home/Cell Number** _____

SS# _____ **Date of Birth** _____ **Date of Hire** _____

Annual Income Last Year (including all overtime) \$ _____ **Beneficiary** _____

Railroad _____ **Employee ID #** _____ **Email Address** _____

Please Circle Your Choice: Payment option: PRD, ACH (Bank Draft) or Personal check

Monthly B 5.05 Quarterly B \$15.15 Semi-Yearly B \$30.30 Yearly B \$60.60

I wish to enroll in the insurance program offered through Reliance Standard Life Insurance Company.. I apply for insurance through Railroad Marketing Specialist (RMS). I hereby authorize MY EMPLOYER to deduct from my wages earned each half of the month the premiums due on my policies in the amount so instructed by RMS and transmit the sums deducted to RMS. I further authorize MY EMPLOYER to appropriately adjust the amounts deducted from my wages based on subsequent notification from RMS. I agree that insurance will not become effective until the first of the month after a full months premium has been deducted from my wages and underwriting approval from the insurance carrier.

I understand and agree that RMS is not in any way affiliated with MY EMPLOYER; that MY EMPLOYER has no control over the management or operation of RMS; and that MY EMPLOYER has no responsibility for the application, use or handling by RMS of the wages deducted pursuant to this authorization and transmitted to RMS. This authorization can only be canceled by written notice to either RMS or to the Payroll Deduction Department of MY EMPLOYER. However, I understand that it may take MY EMPLOYER two pay periods to modify or cancel any deductions previously authorized by me after MY EMPLOYER's receipt of my written cancellation notice.

I also understand that the payroll deduction by MY EMPLOYER is being done solely for my convenience and that the products and services being offered by RMS are not any type of employee benefits being offered or recommended by MY EMPLOYER; that MY EMPLOYER does not require or encourage my participation in the purchase of such products or services; that the MY EMPLOYER does not endorse or sponsor RMS's products or services and that such products and services are not considered by ERISA plan of MY EMPLOYER.

Signature _____ **Date** _____

Coverage for this policy will take effect when a full month premium is received for you.

Mail or Fax the completed form to:

**Railroad Marketing Insurance Services
PO Box 787
Santa Clara UT 84765
(888) 646-9951
435-688-1338 (FAX)**