

Crew Van Coverage

Plan Highlights

Crew Van Disability Benefit

- \$550 of Weekly Benefit not to exceed 75% of Annual Base Salary for a Maximum Period of 26 weeks with a 15 day Elimination Period (Includes commuting Accident)
- Benefit is tax free
- Guaranteed Enrollment for any eligible Member, no medical questions asked
- Coverage applies while riding in a private van or taxi not owned by the railroad
- Benefit is paid weekly
- Does not offset by any Group Insurance Plan, Individual Coverage or Sick Benefits

Crew Van Death Benefits

- \$500,000 Accidental Death Benefit
- \$250,000 Accidental Death Benefit if accident occurs while commuting to and from home in your personal vehicle

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

Monthly Premium: \$8.50 (Crew Van Only)

Payroll deduction is available on most railroads

Optional 24 Hour Accident Benefits

Accidental Death	\$40,000	Exploratory Surgery with no Surgical Repair	\$500
Dismemberment	Up to \$40,000	Eye Surgery	\$100
Dislocation or Fracture	Up to \$4,000	General Anesthesia	\$100
Initial Hospitalization Confinement	\$1,000	Blood and Plasma	\$300
Hospital Confinement	\$200/day	Appliance	\$125
Intensive Care	\$400/day	Medical Supplies	\$500
Ambulance	\$200 Regular Ambulance \$600 Air Ambulance	Accident Follow-Up Treatment	\$50/day
Medical Expenses	Up to \$500		
Outpatient Phys.Treatment	\$50/each visit		
Paralysis	\$7,500 Paraplegia \$15,000 Quadriplegia		
Coma with Respiratory Assistance	\$10,000		
Open Abdominal or Thoracic Surgery	\$1,000		
Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery	\$500		

Optional Accident Benefits premiums per pay period:

\$ 9 for employee (\$18 monthly)

Add family* \$13.45 (\$26.90 monthly)

Add Spouse only* \$7.94 (\$15.88 monthly)

Add Children only \$9.43* –all children are 1 rate (\$18.86)

* Employee must also elect coverage

Railroad Marketing Insurance Services

888-646-9951

www.railroadmarketing.com



ENROLLMENT FORM

Crew Van "Dead Head" Coverage

Enrollment Choices:

(please circle) Crew Van Coverage (\$8.50 per month) Yes / No Accident Plan (\$9 per pay) Yes / No
Add Spouse Yes / No Add Children Yes / No

Member Name (Please print) _____

Home Address _____

City _____ **State** _____ **Zip** _____

Phone Number _____ **Social Security #** _____

Railroad _____ **Employee ID #** _____

Annual Income last year (including all overtime) _____

Occupation _____ **Date of Hire** _____ **Sex** _____

Height _____ **Weight** _____ **Date of Birth** _____

Beneficiary _____ **Relationship** _____

E-mail address _____ **Effective Date of Coverage** _____

Dependent Information

(only if applying for family coverage)

Last Name / First	Relationship	Sex M/F	Date of Birth

I wish to enroll in the Crew Van Coverage Plan with Reliance Standard Life and authorize my employer to make the necessary payroll deduction.

Signature _____ **Date** _____

Mail the completed form to:
Railroad Marketing Specialists
PO Box 787
Santa Clara UT 84765

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