

Voluntary Disability Insurance and "Dead Head" Coverage For Norfolk Southern Railroad

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)
- Full Maternity Benefits
- 12/12 Pre Existing Condition
- Guaranteed Enrollment for any Eligible Member
- Cost is \$47.50 per month
- 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)
- Tax free benefit
- Not offset by Individual Coverage, Sick benefits or Railroad Retirement

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
Norfolk Southern Railroad
Conductor Plan**

Member Name (Please print) _____

Home Address _____

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

Home Phone Number _____

Railroad _____ **Employee ID #** _____

Social Security # _____ **Date of Birth** _____ **Sex** _____

Annual Income last year (including all overtime) _____

Occupation _____ **Date of Hire** _____

Beneficiary _____ **Relationship** _____

E-mail address _____

Effective Date of Coverage _____

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 9116 St George, UT 84791
Or Fax the completed form to: (435) 688-1338