

Who is Eligible?

Any individual who is a current, dues paid member of OOIDA between the ages of 18 and 90 years old.

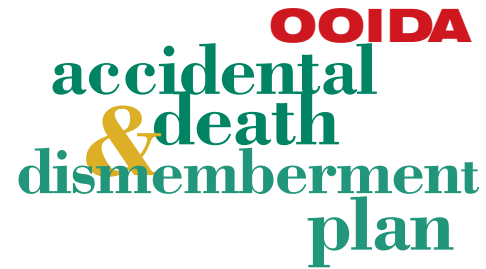
How to Enroll

Step 1 Carefully read the material explaining the program.

Step 2 From the chart below, choose the Additional Amount of coverage you wish to apply for.

(Note: You cannot be insured as an individual and also as a dependent.)

Step 3 Complete, detach and mail the enrollment form along with your first month's premium to OOIDA. You will receive your Certificate of Insurance within a few weeks.



Individual's Additional Amount	Family Coverage				Cost	
	Spouse & Children		Spouse Only	Single Parent	Monthly Cost for Individual Coverage	Total Monthly Cost for Individual & Family
	Spouse's Coverage	Children's Coverage (each child)	Spouse's Coverage	Children's Coverage (each child)		
\$ 50,000	\$ 20,000	\$ 5,000	\$ 25,000	\$ 7,500	\$ 6.75	\$10.13
\$ 100,000	\$ 40,000	\$ 10,000	\$ 50,000	\$ 15,000	\$ 13.50	\$20.25
\$ 150,000	\$ 60,000	\$ 15,000	\$ 75,000	\$ 22,500	\$ 20.25	\$30.38
\$ 200,000	\$ 80,000	\$ 20,000	\$100,000	\$ 30,000	\$ 27.00	\$40.50
\$ 250,000	\$ 100,000	\$ 25,000	\$125,000	\$ 37,500	\$ 33.75	\$50.63
\$400,000	\$ 160,000	\$ 40,000	\$200,000	\$ 60,000	\$ 54.00	\$81.00

*Dependent children are defined as children, stepchildren, foster children and adopted children who are primarily dependent upon the insured for support and maintenance. They must be either 1) under the age of 19, or 2) under age 23 and a full-time student in an accredited school, college or university. (The age limits for dependent children depend on the requirements in the state where the coverage is issued.)

Underwritten by:
American Underwriters Life Insurance Co.
Phoenix, Arizona

Administrator:
Inter-Americas Insurance Corporation, Inc.
P.O. Box 9510
Wichita, Kansas 67277

Offered by:
Owner-Operator
Independent Drivers Association, Inc.

Accidental Death and Dismemberment Plan Enrollment Form

OOIDA provides a \$1,000 basic insurance policy to each active member. (Limited to one certificate per member)

If you wish to enroll for additional coverage, please indicate below. Check Additional Amount of Insurance desired for INDIVIDUAL ONLY.

- \$50,000
- \$100,000
- \$150,000
- \$200,000
- \$250,000
- \$400,000

The information below **must** be completed **regardless** of whether or not you elect additional coverage.

Please Print

Name _____ OOIDA Membership # _____

Address _____

City _____ State _____ Zip Code _____

Date of Birth _____ Social Security # _____ Phone # _____

A	Primary Beneficiary(s)	Percentage	Relationship to Insured	Address
B	Contingent Beneficiary(s) (If primary(s) listed above are not living)	Percentage	Relationship to Insured	Address

Family Coverage

(Only available only if you checked an Additional Amount):

- YES, I wish to insure my spouse and/or dependents.
- NO, I do NOT wish to elect Family Coverage.

X _____
Signature of Member **Date**

Because accidents happen



An accident could very easily happen to you, and if it does you'll want to know you've done your best to leave your family financially prepared.

According to the National Safety Council¹, accidents are the number one cause of death in the U.S. for people under age 35, second for age group 35 to 44 and the third leading cause for those ages 45 to 54. That is why we are pleased to make available the program described in this brochure.

At last, an affordable way to get the accident insurance protection you want and need for yourself and your family.

¹ Based on most current study available, dated 1999

The Owner-Operator Independent Drivers Association provides \$1,000 Accidental Death and Dismemberment Coverage to each current dues-paying member at no cost. You also have the option to purchase up to \$400,000 additional coverage for yourself as well as coverage for your family at low monthly rates.

When an injured person suffers any of the following losses within 365 days of the date of an accidental injury, the Company will pay in a lump sum the Basic Amount plus the indicated percentage of the Benefit Schedule Amount.

Benefits	Basic Amount	Percent of Benefit Schedule Amount
Loss of life.....	\$1,000	+ 100%
Loss of two limbs*.....	\$1,000	+ 100%
Loss of one hand or one foot*.....	\$ 500	+ 50%
Loss of entire sight of both eyes ^o	\$1,000	+ 100%
Loss of entire sight of one eye ^o	\$ 500	+ 50%
Loss of speech and hearing ⁺	\$1,000	+ 100%
Loss of speech or hearing ⁺	\$ 500	+ 50%
Loss of thumb and index finger of same hand [•]	\$ 250	+ 25%

* "Loss" is defined as complete severance through or above the wrist or ankle joint.
^o "Loss" is defined as entire and irrecoverable loss of all sight.
⁺ "Loss" is defined as entire and irrecoverable loss of hearing.
[•] "Loss" is defined as actual severance through or above metacarpophalangeal joints.

Example: Assume you enroll as an individual for \$100,000 coverage. If you were to lose your life in an accident, the Company would pay your beneficiary a lump sum of \$101,000. You can determine that from the chart by adding the Basic Amount under: "Loss of Life" (\$1,000 plus the stated percentage for the Benefit Schedule). If the covered person dies as a result of a land motor vehicle accident while wearing a seatbelt, benefits are double, excluding any benefit provided at no cost to the insured, owner, or family member.

Owner-Operator Services Inc. is a subsidiary of the Owner-Operator Independent Drivers Association (OOIDA). OOIDA is the national trade association devoted exclusively to fighting for the rights of truckers. As the largest professional truckers organization in the U.S., we know what it takes to get the job done.

Other medical benefit programs available through OOIDA:

- Group Life Insurance**
- Voluntary Group Short Term Disability Plans**
- Group Dental and Vision Benefit Plans**
- Occupational Accident Plans**
- Medical Plans**
- Retirement Plan**



Owner-Operator Independent Drivers Association
 1 NW OOIDA Drive
 Post Office Box 1000
 Grain Valley, Missouri 64029
(800) 715-9369

OOIDA

Accidental Death and Dismemberment Plan

OOIDA MEDICAL BENEFITS GROUP

