

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.

Call about becoming an OOIDA member at (800) 444-5791 or visit our web site, [www.ooida.com](http://www.ooida.com).

Programs and services available to OOIDA members include:

- **Truck Insurance**
- **Fuel Card**
- **Minimum Essential Coverage**
- **Occupational Accident Plans**
- **Dental and Vision Plans**
- **Life Insurance**
- **Information & Business Services**
- **DOT Drug & Alcohol Testing**
- **Authority Filing Assistance**
- **Product Discount Programs**
- **Scholarship Program**
- **OOIDA Safe Driving Award**
- **Land Line Magazine**
- **Political Action Committee**

Find out more about the benefits and programs OOIDA has to offer. Call (800) 444-5791.



Owner-Operator Independent Drivers Association

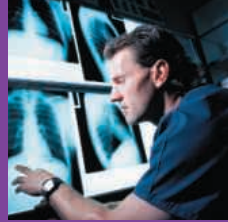
1 OOIDA Drive  
Post Office Box 1000  
Grain Valley, Missouri 64029

**(800) 715-9369**

OOIDA LIFE AND HEALTH BENEFITS

**OOIDA** sponsored

## Voluntary Group Short Term Disability Plans



## Protect yourself against loss of income from sickness, injury, disease or illness.



*Take advantage of the OOIDA sponsored Voluntary Group Disability Plan.*

Don't let the loss of income due to a disability put you and your family at financial risk. With one of OOIDA sponsored Voluntary Group Short Term Disability Plans, you will be covered for total disability benefits for up to one year, should illness or injury prevent you from working. (The disability must occur while your coverage is in effect. Coverage will only be in effect if you meet the actively at work criteria as defined in the policy.)

• **Two plan options available**

- Option 1** – \$400 max. weekly benefit; 30-day benefit waiting period for \$97.55 per month.
- Option 2** – \$500 max. weekly benefit; 30-day benefit waiting period for \$115.10 per month.

You will receive the maximum weekly benefit if you are under age 70. You will receive 50% of the maximum benefit if you are between 70 and 75.

*These plans will offset with other benefit plans.*

- **24-hour coverage**  
You are covered 24 hours a day, protecting you on and off-the-job.
- **Maximum issue age 60, coverage to age 75**  
OOIDA Members who are 18 or over but not yet 61 years of age at time of enrollment are eligible to enroll. The plan will cover you up to age 75, subject to the termination provision.
- **Maximum Benefit Period**  
52 week maximum benefit period per injury or sickness (including pregnancy).
- **\$25,000 Accidental Death Benefit**
- **Travel Assistance Services**  
Travel Assistance Services provide 24 hour, multilingual travel emergency services for you (and your dependents traveling with you) should you become sick or injured while traveling 100 or more miles from home. This 24/7 support network manages medical, legal, informational, personal and security services to ensure that you have access to the best possible care anywhere in the world. Travel Assistance Services must be pre-authorized by calling the number on the Travel Assistance identification card.
- **Identity Theft Resolution Services**  
From first call to crisis resolution, this service provides to you (and your eligible dependents), a personal specialist who will provide one-on-one counseling for all aspects of identity theft. You will have proactive protection of your identity, and the assistance you need to regain full restoration of your identity after falling victim to identity theft.

### Guaranteed Issue

*Limited time for new OOIDA Members!*

**New OOIDA members have 60 days from their membership effective date to take advantage of the guaranteed issue ...regardless of medical history.**

*If you have any questions about short term disability coverage or how to enroll, please call the OOIDA Life and Health Benefits Dept. at:*

**(800) 715-9369**

# Important Facts About These Plans

**Who is Eligible?** Any individual who is 18 or over, but not yet 61 years old at time of enrollment, who is a current, dues paid member of OOIDA and who is a:

- Truck owner-operator: You own, operate or manage one or more commercial truck(s) and are actively at work a minimum of 30 hours per week or an average of 1,500 hours per year; or
- Non-truck owner: You are actively at work, have a valid commercial drivers license and drive a minimum of 30 hours per week or an average of 1,500 hours per year in the trucking industry.

**Note:** This plan is only available during the open enrollment period, January and February of each year, unless you are a new OOIDA member. New members have 60 days from their membership effective date to take advantage of the guaranteed issue offer.

**Effective Date:** Your coverage will begin at 12:01 a.m. the first of the following month after your enrollment form has been received. You must be actively at work on your effective date. Otherwise, coverage will not go into effect until the first of the month after you return to work on a full-time basis.

**Renewal Guarantee:** Coverage will stay in effect until you are age 75, as long as you are an eligible OOIDA member, you continue to pay premiums when due, you remain actively at work, and the group policy remains in force.

**Pre-existing limitation:** There is a 12-month waiting period for disabilities arising from pre-existing conditions.

**How to Enroll:** Complete the attached enrollment form and mail it to: Owner-Operator Services, Inc., PO Box 1000, Grain Valley, Missouri 64029 or for more information call: **1-800-715-9369**.

**General Exclusions:** This insurance does not pay any benefits that are caused by, contributed to, or result from:

- war or any act of war, declared or undeclared;
- an intentionally self-inflicted injury, sickness, illness or disease;
- participation in a riot or the commission or attempted commission of any assault or felony;
- pre-existing conditions for 12 months from the effective date of your coverage

**Note:** Benefits subject to additional exclusions/limitations/restrictions as defined in the policy.

*This material is intended as a general description of certain types of insurance coverages and services. Coverages and availability may vary by state. Coverages are underwritten by underwriting companies of Intact Insurance Group USA LLC including Atlantic Specialty Insurance Company, a New York insurer, and are subject to policy terms, conditions, limitations and exclusions. If there is a conflict between the coverage descriptions shown here and the actual insurance policy, the policy will govern. Services are provided by third parties through Intact Insurance Group USA LLC. Vendors may change at any time without prior written notice. Travel Assistance services must be preauthorized.*

## OOIDA VOLUNTARY GROUP SHORT TERM DISABILITY APPLICATION

Owner-Operator Independent Drivers Association, Inc. Insurance Trust (OOIDA)  
Underwritten by: Atlantic Specialty Insurance Company, a New York insurer and  
underwriting company of Intact Insurance Group USA LLC.

OOIDA sponsored  
voluntary  
group  
short term  
disability  
plans

*I wish to enroll for the following plan option:*

- \$400 max. weekly benefit; 30-day benefit waiting period @ \$97.55/mo.
- \$500 max. weekly benefit; 30-day benefit waiting period @ \$115.10/mo.

Please Print

Member's Name \_\_\_\_\_

Member Number \_\_\_\_\_

Member's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone No. \_\_\_\_\_ Cell No. \_\_\_\_\_

E-mail \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Social Security No. \_\_\_\_\_

Primary Beneficiary \_\_\_\_\_ Relationship \_\_\_\_\_

Beneficiary Address \_\_\_\_\_

Contingent Beneficiary \_\_\_\_\_ Relationship \_\_\_\_\_

Beneficiary Address \_\_\_\_\_

*Agreement: I, enrolling for insurance coverage, hereby state that I am 18 or over but not yet 61 years old, work a minimum of 30 hours per week, or an average of 1,500 hours per year, in the trucking industry as a truck owner-operator or a non-truck owner driver with a commercial driver's license. I understand that if I have given any inaccurate, false or misleading information on this form, my enrollment will be rejected and any benefits under any and all insurance coverages for which I have enrolled will be denied.*

Signature \_\_\_\_\_ Date \_\_\_\_\_