



### Accident Only Hospital Cash

Helping protect you from the financial impact of a hospitalization due to an accident.

BankNewport, as Trustee for G.A.R.D. Trust for the account of :

### Professional Law Enforcement Association



Accidents happen. Each year over 1 million Americans are hospitalized due to accidents<sup>1</sup> Life is stressful enough as it is, the last thing you should have to worry about is expenses associated with a hospital stay. That's why your employer has made this hospital accident coverage available to you and your family at an affordable rate.

You're eligible to sign-up for an affordable Hospital Accident Insurance Plan. Benefits include<sup>2</sup>:

- Accident Only In-Hospital Benefit: Provides a daily cash benefit of \$500 per day up to 365 days.
- Accident Only Intensive Care Unit Benefit: Provides a daily cash benefit of \$500 per day up to 365 days.
- Accident Only Emergency Room Outpatient Care Benefit: A \$200 cash benefit if you receive treatment in a physician's office, an outpatient unit or emergency room.
- Coverage 24 hours a day, 7 days a week, anywhere in the world
- Pays a cash benefit which can be used in any way you choose, such as deductibles, mortgage payments or other bills.
- Pays in addition to any other insurance you may have.
- Family plans are also available
- 30 day free look. If you terminates within thirty (30) days of your effective date and no Accidents have occurred, then premium will be fully refunded back to your effective date. If you terminate later than thirty (30) days after your effective date and no Accidents have occurred, then premium will be refunded on a pro-rata basis.

<sup>1</sup> National Safety Council's Injury Facts, 2011 Edition

<sup>2</sup> See page 3 for complete benefit descriptions and exclusions.

[Enrollment Form on reverse](#)

# Enrollment Form

## HOSPITAL ACCIDENT PLAN INSURANCE ELECTION OF COVERAGE

Please print clearly

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Last Name

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of birth: \_\_\_\_\_ E-mail: \_\_\_\_\_

Plan Choice: Please be sure to check one of the following plan options:

Member Only \$28.25 Quarterly       Member & Family \$82.25 Quarterly

Please include a check to Republic Underwriters, Inc. for the first quarter payment. You will be billed quarterly for future installments. \*

Please read, sign and date below:

I authorize PLEA to enroll me in the Accident Only Hospital Cash Insurance plan. I have read, understand and agree to all the disclosures provided.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please Send Enrollment Form to:

Republic Underwriters, Inc.

PO Box 1197 Troy, MI 48099-1197

Or Please Call 800-248-0438, Ext 1015 – Scott Dickinson

Program is **NOT** Available in the following states: Arkansas, Colorado, Indiana, Maine, Maryland, New Jersey, New York, North Carolina, Oregon, South Dakota, Minnesota, Vermont, & Washington State. You **MUST** be a member of PLEA to enroll in this program.

Policyholder: BankNewport, as Trustee for G.A.R.D. Trust for the account of : Professional Law Enforcement Association  
Policy No.: 9907-27-56

The following provides you with an easy-to-read summary of a Voluntary Hospital Accident Insurance Plan. This is not a contract of insurance but is simply an informative document. Complete provisions pertaining to the plan of insurance are contained in the master policy on file with the policyholder. If a statement in this document and any provision in the policy differ, the policy will govern.

### Benefit Descriptions

**Accident Only In-Hospital Benefit:** If an accident causes an insured person to be hospitalized for more than 1 day, this benefit will pay \$500 for each day of hospitalization, up to a maximum of 365 days.

**Accident Only Intensive Care Unit Benefit:** If an accident causes an insured person to be confined to the intensive care unit of a hospital. The benefit will pay \$500 for each day of ICU confinement, up to a maximum of 365 days.

**Accident Only Emergency Room Outpatient Care Benefit:** If an accident causes an insured person to require and receive treatment in a physician's office, an outpatient unit or an emergency room of a hospital, this benefit will pay \$200 per visit. This benefit will not pay more than the \$600 in any calendar year regardless of the number of physician's office visits, outpatient unit visits or emergency room visits incurred in that calendar year.

### Plan Exclusions

Insurance does not apply to any accident caused by or resulting from, directly or indirectly: 1) the Insured Person entering, or exiting any aircraft while acting or training as a pilot or crew member. This exclusion does not apply to passengers who temporarily perform pilot or crew functions in a life-threatening emergency. 2) the Insured Person's emotional trauma, mental or physical illness, disease, pregnancy, childbirth or miscarriage, bacterial or viral infection, bodily malfunctions or medical or surgical treatment or diagnosis thereof. This exclusion does not apply to the Insured Person's bacterial infection caused by an Accident or by Accidental consumption of a substance contaminated by bacteria. 3) the Insured Person's commission or attempted commission of a felony or being engaged in an illegal occupation. 4) the Insured Person being intoxicated, while operating a motorized vehicle at the time of an Accident. Intoxication is defined by the laws of the jurisdiction where such Accident occurs. 5) the Insured Person being under the influence of any narcotic or other controlled substance at the time of an Accident. This exclusion does not apply if any narcotic or other controlled substance is taken and used as prescribed by a Physician. 6) the Insured Person being engaged in or participating in a motorized vehicular race or speed contest. 7) the Insured Person traveling or flying on any rocket propelled or rocket launched conveyance.

8) the Insured Person participating in military action while in active military service with the armed forces of any country or established international authority. However, this exclusion does not apply to the first sixty (60) consecutive days of active military service with the armed forces of any country or established international authority. 9) the Insured Person's suicide, attempted suicide or intentionally self-inflicted injury. 10) war, undeclared war, civil war, insurrection, rebellion, revolution, warlike acts by a military force or personnel, any action taken in hindering or defending against any of these or any consequences of any of these acts regardless of any other direct or indirect cause or event, whether covered or not, contributing in any sequence to the loss.

or economic sanctions or other laws or regulations prohibit us from providing insurance.

11) Insurance also does not apply to the extent that trade

Coverage automatically terminates the date the Insured Person attains age 85.

\* Includes \$1.25 per quarter PLEA Membership Fee

Policy # 9907-27-56