

ACCIDENTAL DEATH AND SPECIFIC LOSS BENEFIT

Accidental Death maximum Benefit Amount: \$ 5,000

Death – If, as a result of Injury, an Insured dies within one year from the date of the accident causing the Injury, benefits will be paid, subject to the overall maximum for any one accident, the death benefit which applies less any specific loss benefit paid because of the same accident. The one year limit does not apply in a Pennsylvania contract.

Specific Loss – If, as a result of Injury, an Insured suffers a specific loss within one year from the date of the accident causing the Injury, benefits will be paid, subject to the overall maximum for any one accident, a benefit based on the face amount which applies to the Insured as specified in the table below:

<u>For the Loss of</u>	<u>Percent of the face amount</u>
Each Arm	75%
Each Leg	75%
Each Hand	50%
Each Foot	50%
Sight of Each Eye	50%
Speech	50%
Hearing of Each Ear	25%
Thumb and Index Finger of the Same Hand	25%

ACCIDENTAL MEDICAL EXPENSE BENEFIT

Maximum Benefit Amount: \$10,000

Deductible: \$300

If, as a result of injury, an insured incurs covered expenses starting within 90 days from the date of the accident causing the injury, we will pay, less the deductible as shown above and not to exceed the maximum benefit amounts shown therein, all covered expenses incurred within 2 years from such date.

Covered expenses mean the reasonable and customary charges for local professional ambulance service to or from a hospital and/or surgical center as well as the following reasonable and customary charges for treatment, services, and supplies provided or prescribed by a doctor.

IN – HOSPITAL BENEFIT

Benefit Amount: \$ 150.00 per day. Maximum of 31 days. No waiting period.

If an accidental bodily injury results in the Insured's hospitalization within 45 days of the accident, we pay a daily benefit for each day of hospitalization beginning the first day of hospital confinement for a maximum of 14 days. Such confinement must be prescribed by a "Physician" and as a registered bed patient. The term "Physician" means a person licensed in the healing arts acting within the scope of his or her license. Confinement solely for the purpose of convalescing or receiving nursing care is not covered.

FAMILY ACCIDENT 10,000

Program Features:

ABA National Health Card

- PPO Access
- Triple Prescription Discount Plan
- Affordable Dental
- Speech/Hearing Discounts

Accident Medical & Accident Dental

Benefits are paid over & above any other coverage

- \$ 10,000.00
- \$300 Deductible
- Any Hospital or Physicians Office

Accidental Death & Dismemberment

- \$ 5,000
- Seat Belt Bonus Benefit 10%

In Hospital Indemnity

Benefits are paid over & above any other coverage

- \$150 per day
- up to 31 days
- No waiting period

Plan Covers all eligible family members.

Family Accident 10,000 Application

Last Name: _____ First: _____ MI: _____

SSN: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ - _____ Eff Date: _____

Dependents	Relationship	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Requested Effective Date: ____ / 01 / 20 ____

All applications will become effective on the first of the month following receipt of the application by ABA. This brochure is a summary of coverage, please review your certificate for additional details

Eligibility - All dues paying members, under age 70, and family (lawful spouses, under age 70, and dependent children, under age 18, living at home). All eligible applicants accepted.

Checks are to be made payable to: American Benefits Association

Applicant Signature: _____ Date: _____

Consultant: _____ Code: _____

All plans made effective on the first of every month

*American Benefits Association
Marketed by:*

HP AGENCY

*5 West Main Street, Suite 202
Elmsford, New York 10523
(914)347-2500 / (800)288-8199*

Email: bob.hpagency@verizon.net

Website: www.hpagency.com

Family Accident

10,000

Only \$435.95 p/year

(\$ 40.00 monthly bank draft)

