

# Comprehensive Accident Insurance Coverage

## Summary of Coverage and Activation Form



Underwritten by: Hartford Life and Accident Insurance Company, Simsbury CT 06089

### Who's Eligible?

All American College of Emergency Physicians members and/or Spouses under age 60 working 20+ hours/week and residents of the United States.

### Benefit Limits:

The 50-50-500 Plan	The 100-100-1,000 Plan
\$50,000 Accidental Death	\$100,000 Accidental Death
\$50 per day Hospital Accident Plan	\$100 per day Hospital Accident Plan
\$500 Monthly Accident Disability	\$1,000 Monthly Accident Disability
Cost - \$8.95 per Month	Cost - \$17.00 per Month

### Waiting Period:

Accident Only Disability Income-60 days  
Accident Hospital Confinement – 1<sup>st</sup> day of coverage

### Maximum Benefit Period:

Accident Only Disability Income – 1 Year  
Accident Hospital Confinement – 500 days

**Policy Age Limit:** 65

### Disability Income Benefit Offsets:

No coordination with other disability income plans (including any coordination with Worker's Compensation).

### Exclusions - The policy does not cover any loss resulting from:

- Intentionally self-inflicted injury, suicide or attempted suicide, whether sane or insane;
- War or act of war, whether declared or undeclared;
- Injury sustained while in the armed forces of any country or international authority;
- Injury sustained while voluntarily taking drugs, which federal law prohibits dispensing without a prescription, including sedatives, narcotics, barbiturates, amphetamines, or hallucinogens, unless the drug is taken as prescribed or administered by a licensed physician;
- Injury sustained while legally intoxicated

### Termination:

Non-payment of premium, cessation of work, each 65 years of age, or the date you cease to be a member of ACEP or no longer reside in the United States.

Spousal coverage will terminate once they become legally separated or divorced from you or they no longer meet eligibility requirements.

*To activate coverage, please complete, detach and return the bottom portion to Hagan Benefits Inc.:*

### It's Easy to Activate Your Coverage!

1. Choose the appropriate benefit amount and waiting period.
2. Complete all sections below; be sure to sign where indicated.
3. Return the completed form to Hagan Benefits, Inc., the Administrator for ACEP.

Member Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Occupation: \_\_\_\_\_

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

Beneficiary: \_\_\_\_\_

I apply for the  50-50-500 Plan or  100-100-1,000 Plan

Is Spouse Coverage Desired? \_\_ Yes \_\_ No

(If yes, complete spouse information below.)

Spouse Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Occupation: \_\_\_\_\_

Beneficiary: \_\_\_\_\_

I apply for the  50-50-500 Plan or  100-100-1,000 Plan

Billing Mode Choices: (No service charges apply no matter which billing mode you choose)

Monthly Automatic Withdraw from Bank Account (please provide "voided" check)

Monthly Bill

Quarterly Bill

Semi-Annual Bill

Annual Bill

Credit Card (for annual premium only, please – please complete enclosed Authorization Form)

I hereby request coverage under the Comprehensive Accident plan. I represent that I am under age 60, work at least 20 hours a week and that the statements above are true and complete to the best of my knowledge and belief and are binding on any person.

Member Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Spouse Signature (if applicable): \_\_\_\_\_

Date: \_\_\_\_\_