

G·T·L



**24 Hour
Accident
Coverage**

\$10,000

Accident Medical Coverage

\$4,000

Emergency Air Ambulance

\$10,000

Accidental Death &
Dismemberment

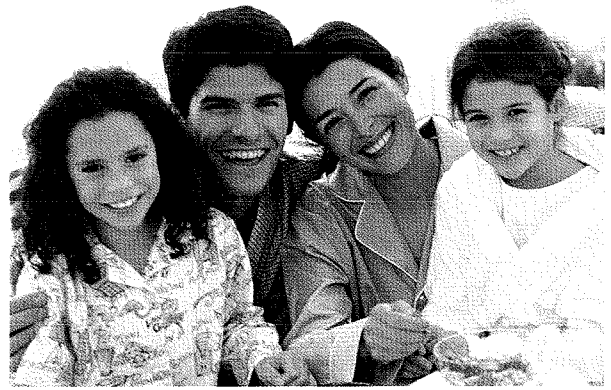
(option 1)



Accident Coverage

OPTION ONE

- \$10,000 Accident Medical Coverage - \$250 Deductible
- \$4,000 Emergency Air Ambulance - Worldwide Coverage
- \$10,000 Accidental Death and Dismemberment



Weekly Disability Income: If, as a result of injury, the primary member becomes totally disabled, as defined in your certificate of coverage, we will pay the weekly benefit amount of \$150.00. Disability Income starts on date of the first treatment by a doctor which follows the accident causing injury. This benefit begins on the 15th day from the start of the continuous disability. We will pay this benefit amount for as long as the covered primary member is totally disabled from any one accident, but no longer than the maximum number of 26 weeks.

(see benefits description)

OPTION TWO

- \$7,500 Accident Medical Coverage - \$250 Deductible
- \$4,000 Emergency Air Ambulance - Worldwide Coverage
- \$7,500 Accidental Death and Dismemberment

(see benefits description)

OPTION THREE

- \$5,000 Accident Medical Coverage - \$250 Deductible
- \$4,000 Emergency Air Ambulance - Worldwide Coverage
- \$5,000 Accidental Death and Dismemberment

(see benefits description)

OPTION FOUR

- \$2,500 Accident Medical Coverage - \$250 Deductible
- \$4,000 Emergency Air Ambulance - Worldwide Coverage
- \$2,500 Accidental Death and Dismemberment

(see benefits description)

SELECT BENEFIT SERVICES ASSOCIATION ENROLLMENT FORM



Check one:

24-Hour Accident Plan Options:

- Option 1: \$59.95 per month (Individual or Family)
 Option 3: \$39.95 per month (Individual or Family)
 Option 2: \$49.95 per month (Individual or Family)
 Option 4: \$29.95 per month (Individual or Family)
(includes \$9.95 Monthly Administration fee)

Member

Last Name	First	Initial	
Social Security #	Age (Max. 69)	Date of Birth	Home Phone #
Address	City	State	Zip Code
E-mail Address for fulfillment and correspondence			

Family Member

(List spouse (maximum age 69) and dependent children to age 19 or full time student under age 25)

Name	Age	Date of Birth	Relationship

I agree to the terms and conditions of SBSA Membership as listed on the reverse side of this form.

_____ Date _____
Member Signature

SBSA AUTHORIZATION TO HONOR CHECKS, SHARE DRAFTS, OR ACCOUNT DEBITS

Name of Depositor as it appears on Banking Institution Records

Account Number	Routing/Transit number	Name of Banking Institution	Branch
Address	City	State	Zip

As a convenience to me, I authorize you to pay and charge to my account checks, share drafts, electronic fund transfer debits or other account debits made upon my account by and payable to the order of the entity designated above or its legal representatives for membership, benefits and or insurance premiums. I agree that your treatment of each check, share draft or debit, and your rights with respect to it, will be the same as if it were signed or initiated personally by me. I further agree that if any check, share draft or debit and your rights with respect to it, will be the same as if it were signed or initiated personally by me. I further agree that if any check, share draft or debit is dishonored for any reason you will not be under any liability even though dishonor results in the forfeiture of insurance, benefits, or membership. I further agree that this authorization is to remain in effect until you receive written notice from me of its revocation unless you end it earlier.

Signature of Depositor	Date	Additional Signature (if joint account)	Date
------------------------	------	---	------

Payment Options (*Check One*)

- Monthly Bank Draft
 Monthly List Bill (2 or more)
Billing will be in 15 days before due date

Make Payment to SBSA

Representative: *(print name)* _____
 Representative Number: _____

Terms and Conditions

The Select Benefit Services Association (SBSA) is a membership organization committed to providing members high quality, innovative and money saving benefits and services. Membership privileges include the right to participate in all programs offered or sponsored by SBSA.

Member hereby requests enrollment in the Select Benefit Services Association. Member understands that membership dues include the insurance premium. Member also understands that membership dues are non-refundable.

Member hereby appoints SBSA, president, or failing this person, a SBSA Director, as proxy holder for and on behalf of the member with the power of substitution to attend, act and vote for and on behalf of the member in respect of all matters that may properly come before the meeting of the Members of SBSA, to the same extent and with the same powers as if the undersigned member were present at the meeting. Said proxy is to continue for a period of (1) year from date and is hereby renewed from year to year until this proxy is cancelled by writing delivered to the association.

Insurance Benefits provided by Guarantee Trust Life Insurance Company

Benefits Description

Accident Medical Coverage - Any doctor, Emergency Room, Clinic or Hospital: Medical Services means the costs for: Medically necessary treatment by a physician, nurse, dentist, hospital room and board, outpatient surgery, use of an ambulance, dental work to sound natural teeth, drugs, medicines, diagnostic tests and x-rays, oxygen, casts, splints, crutches, blood plasma, treatment performed by licensed medical professional and rental of durable medical equipment. Benefits are excess of other coverage.

\$4,000 Emergency Air Ambulance - Worldwide Coverage: Most Medical plans only cover ground ambulance. In the event a member suffers from a covered injury that requires emergency air ambulance service we will reimburse the member up to the maximum amount of \$4,000.

Accidental Death & Dismemberment: If a covered family member's injury results in a loss, as defined in your certificate of coverage, within one year after the accident causing the loss, we will pay benefits as described in your certificate of coverage for loss of life. Also benefits for loss of limb and sight are shown in the schedule of benefits.

Select Benefit Services Association Discount and Savings Benefits

The Following Non-Insurance Discount Benefits are Included with All 4 Options

Prescription Drugs: Save as much as 30% at more than 40,000 participating pharmacies nationwide, including such chains as K-Mart, CVS and Costco - plus a convenient mail-order option for even greater savings.

Vision Care: Save 20% to 60% on eyeglasses, contact lenses, at more than 13,000 eyecare professionals nationwide.

Dental Care: Save 10% to 50% on dental care-exams, X-rays, fillings, crowns, dentures, oral surgery - at more than 24,000 dentists nationwide.

Chiropractic Care: Save 20% to 40% on chiropractic treatments, X-rays, and exams at over 7,000 chiropractors nationwide.

Home Medical Equipment: Save between 5% to 20% on such things as respiratory therapy products and services, long-term rehab equipment and supplies.

EXCLUSIONS

(The following exclusions apply only to insurance benefits provided by Guarantee Trust Life Insurance Company)

The Certificate does not provide benefits for:

- Treatment, services or supplies which:
- Are not Medically Necessary;
- Are not prescribed by a Doctor as necessary to treat an Injury;
- Are determined to be Experimental/Investigational in nature.
- Are received without charge or legal obligation to pay;
- Are received from persons employed or retained by the Policyholder or any Family Member, unless otherwise specified.
- Are not specifically listed as Covered Charges in this Certificate.
- Injury by acts of war, whether declared or not.
- Injury received while traveling or flying by air, except as a fare paying passenger on a regularly scheduled commercial airline.
- Suicide, attempted suicide or intentionally self inflicted Injury while sane.
- Hernia, any type, regardless of cause or slipped femoral capital epiphysis or pathological fracture.
- Injury sustained while committing or attempting to commit a felony.
- Loss resulting from being legally intoxicated or under the influence of alcohol as defined by the laws of the state in which the Injury occurs.
- Loss resulting from intoxication; or the use of any drug or agent classified as narcotic, psycholytic, psychedelic, hallucinogenic, or having a similar classification or effect, unless prescribed by a Doctor.
- Injury sustained skiing or participating in a rodeo.
- Injury sustained scuba diving, surfing, roller skating, skateboarding or rodeo.
- Injury sustained while participating in or practicing for any professional, intercollegiate sports activity, except as specifically provided.
- Injury sustained flying in an ultra light, hang gliding, parachuting or bungi-cord jumping, by flight in a space craft or any craft designed for navigation above or beyond the earth's atmosphere.
- Injury which occurs while the Insured is on active duty service in any armed forces.
- Covered Charges incurred outside of the United States or its possessions, unless such Covered Charges are incurred while the Covered Person is on a trip of not more than 90 days.

THIS BROCHURE IS AN ILLUSTRATION, NOT A CONTRACT. FOR COMPLETE DETAILS OF ALL PROVISIONS, PLEASE READ YOUR CERTIFICATE CAREFULLY. NOT ALL BENEFITS MAY BE AVAILABLE IN EVERY STATE.

VAS TERMS AND CONDITIONS

*(The following terms and conditions apply only to the Discount and Savings Program administered by VantageAmerica Solutions Inc.)
www.vantageamericasolutions.com*

- a. The plan is not a health insurance policy.
- b. The plan provides discounts at certain health care providers for medical services.
- c. The plan does not make payments directly to the providers of medical services.
- d. The plan member is obligated to pay for all health care services but will receive a discount from those health care providers who have contracted with VantageAmerica Solutions, Inc.

Note to Utah Residents:

- a. This program is not protected by the Utah Life and Health Guaranty Association.
- b. This program and the program administrators have no liability for providing or guaranteeing service nor any liability for the quality of service rendered.

If the plan is sold in MD and uses a hospital/doctor program, include this disclosure below:

ATTENTION MARYLAND RESIDENTS

Some discounts under the Physician and Hospital Referral Plan benefit are not applicable in Maryland. Discounts are not available for all In-Patient Procedures and certain Out-Patient Procedures under Maryland law. Out-Patient Procedures at network hospitals such as laboratory and diagnostics services are eligible for the discount.

G·T·L

**VANTAGE
AMERICA** Solutions
SAVINGS • BENEFITS • SERVICES

SBSA
Select Benefit Services Association