

Crew Van Coverage

Plan Highlights

Monthly Premium: \$8.50 (Crew Van Only)

Crew Van Disability Benefit

- \$550 of Weekly Benefit not to exceed 75% of Annual Base Salary for a Maximum Period of 26 weeks with a 15 day Elimination Period. Also pays while *commuting to and from home* in your personal vehicle.
- Benefit is tax free
- Guaranteed Enrollment for any eligible Member, no medical questions asked
- Coverage applies while riding in a private van or taxi
- Benefit is paid weekly
- Does not offset by any Group Insurance Plan,

Individual Coverage or Sick Benefits

Crew Van Death Benefits

- \$500,000 Accidental Death Benefit
- \$250,000 Accidental Death Benefit if accident occurs while commuting to and from home in your personal vehicle

Optional 24 Hour Accident Benefits

Optional Accident Benefits premiums per pay period:

\$9 for employee (\$18 monthly) Add Children only \$9.43* –all children are 1 rate (\$18.86)
 Add family* \$13.45 (\$26.90 monthly)
 Add Spouse only* \$7.94 (\$15.88 monthly)

Accident Plan Highlights

Accidental Death	\$40,000	Eye Injury	\$250
Dismemberment	Up to \$40,000	General Anesthesia	\$300
Dislocation or Fracture	Up to \$6,000	Blood and Plasma	\$200
Initial Hospitalization Confinement	\$1,000	Prescription Drug	\$25
Hospital Confinement	\$200/day	Medical Supplies	\$125
Intensive Care	\$400/day	Accident Follow-Up Treatment	\$40/day
Ambulance	\$200 Regular Ambulance \$600 Air Ambulance	X Ray	\$30
Medical Expenses	Up to \$500	Prosthesis Benefit 1-2 Devices	\$750 - \$1500
Outpatient Phys. Treatment	\$35/each visit	Physical Therapy Benefit	\$35/day
Paralysis	\$25,000 Paraplegia \$50,000 Quadriplegia	Rehabilitation Unit Benefit	\$100/day
Coma	\$10,000	Transportation Benefit	\$500/trip
Open Surgery	\$1,250	Family Member Lodging Benefit	\$100/day
Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery	\$750	Emergency Dental Extraction	\$65

This is a summary of benefits only. For a complete description of benefits and limitations, refer to the policy booklet.

Railroad Marketing Insurance Services

888-646-9951

www.railroadmarketing.com

Payroll deduction is available on most railroads



ENROLLMENT FORM

Crew Van "Dead Head" Coverage

Enrollment Choices:

(please circle)

Crew Van Coverage (\$8.50 per month) Yes / No

Accident Plan (\$9 per pay) Yes / No

Add Spouse Yes / No Add Children Yes / No

Employment Status: Active Retired Furlough Leave of Absense

Member Name (Please print) _____

Home Address _____

City _____ State _____ Zip _____

Phone Number _____ Social Security # _____

Railroad _____ Employee ID # _____

Annual Income last year (including all overtime) _____

Occupation _____ Date of Hire _____

Sex _____ Date of Birth _____

Beneficiary: _____ DOB _____ Relationship _____

E-mail address _____ Effective Date of Coverage _____

Dependent Information

(only if applying for family coverage)

Last Name / First	Relationship	Sex M/F	Date of Birth

I wish to enroll in the Crew Van Coverage Plan with Railroad Marketing Specialists and authorize my employer to make the necessary payroll deduction.

Signature _____

Date _____

Mail the completed form to:
Railroad Marketing Specialists
PO Box 911630
St George, UT 84790

Fax:
(435) 688-1338
Email:
service@railroadmarketing.com