

RIDER ACCIDENT MEDICAL PLAN

Offered and Administered by
K&K Insurance Group, Inc.



Eligibility

All members of the AMA/ATVA are eligible for coverage. Benefits are paid when a member is injured while taking part as a registered rider, working support crew for a rider, or working as an official in an AMA/ATVA amateur or road sanctioned event.

Three Plans to Choose From:

PLAN I

\$193.65	Annual Premium
\$15,000	AD&D Principal Sum
\$2,500	Primary Accident Medical Maximum Benefit
Deductible:	\$1,000

PLAN II

\$274.95	Annual Premium
\$20,000	AD&D Principal Sum
\$5,000	Primary Accident Medical Maximum Benefit
Deductible:	\$1,000

PLAN III

\$487.50	Annual Premium
\$25,000	AD&D Principal Sum
\$10,000	Primary Accident Medical Maximum Benefit
Deductible:	\$1,000

Note: We will pay the applicable benefits if an accident results in a covered loss not otherwise excluded. The covered accident must occur while coverage is in effect. Rates may be increased on a group basis at the discretion of the Insurance Company. Loss must occur within one year of the accident. Only one amount, the largest to which you are entitled, is paid for all losses resulting from one accident. For details on plan exclusions as well as information on the Master Group policy, please see reverse side.

Rider Accident Medical Plan Benefits

This plan will pay an amount up to the Maximum Benefit Amount (subject to the deductible) for covered medical expenses. Medical Expense means the reasonable and customary charges for the medical services and include but are not limited to:

- Medical care and treatment by a Physician
- Dental care and treatment due to the covered injury
- Transportation in an emergency transportation vehicle from the location where the covered injury occurred to the nearest hospital where appropriate medical treatment can be obtained
- Physical Therapy including the diathermy, ultrasonic, whirlpool or heat treatment, adjustment manipulation, massage, and the office visit associated with such therapy
- Drugs and medicines required and prescribed by a Physician
- Diagnostic tests and x-rays prescribed by a Physician
- Treatment performed by a licensed medical professional when prescribed by a Physician, if hospitalization would have been otherwise required
- Hospital room and board and hospital care: both inpatient and outpatient
- Orthopedic appliances or braces
- Eyeglasses, contact lenses and other vision or hearing aids
- Artificial limbs and other prosthetic devices

Accidental Death and Dismemberment Benefits (AD&D)

For accidental loss of:

- Loss of Life
- Loss of Speech and Loss of Hearing
- Loss of Speech and one of Loss of Hand, Loss of Foot or Loss of Sight of One Eye
- Loss of Hearing and one of Loss of Hand, Loss of Foot or Loss of Sight of One Eye
- Loss of Hands (Both), Loss of Feet (Both), Loss of Sight or a combination of any two of Loss of Hand, Loss of Foot or Loss of Sight of One Eye
- Loss of Hand, Loss of Foot or Loss of Sight of One Eye (Any One of each)
- Loss of Speech or Loss of Hearing
- Loss of Thumb and Index Finger of the same hand

% of Principal Sum:

- 100%
- 100%
- 100%
- 100%
- 100%
- 50%
- 50%
- 25%

Rider Accident Medical Plan

We will reimburse up to the Benefit amount for Accident Medical Expense, if Accidental Bodily Injury causes the Insured Person to first incur Medical Expenses for care and treatment within thirty (30) days after an Accident. The Benefit Amount for Accident Medical Expense is payable only for Medical Expenses incurred within 52 weeks after the date of the Accident causing the Accidental Bodily Injury. The Benefit Amount for Accident Medical Expense is payable in addition to any other applicable Benefit Amounts under this policy. In no event will our total payments for the insured Person's Medical Expense exceed the Benefit Amount for Accident Medical Expense.

Limitations

The Benefit Amount for Accident Medical Expense does not apply to charges and services: 1) for which the Insured Person has no obligation to pay; 2) for any injury where worker's compensation benefits or occupational injury benefits are payable; 3) for treatment by a person employed or retained by the Policyholder; 4) for any injury occurring while fighting, except in self-defense; 5) for treatment that is educational, experimental or investigational in nature of that does not constitute accepted medical practice; or 6) for treatment involving conditions caused by repetitive motion injuries, or cumulative trauma and not as the result of an Accidental Bodily Injury. This insurance applies only to Medically Necessary Charges and Services.

Effective Date

Your coverage will go into effect on the first of the month following receipt and acceptance of your completed enrollment form and initial premium payment.

Termination

Insurance for the Insured person automatically terminates on the earliest of : 1) the termination date of this policy; 2) the expiration of the period for which required premium has been paid for such Insured Person; 3) the date on which a person no longer meets the eligibility criteria as the Insured Person; or 4) the date on which We pay out 100% of the Principal Sum.

What is excluded?

This insurance does not apply to any Accident, Accidental bodily Injury or Loss caused by or resulting from, directly or indirectly, any of the following:

1. Owned Aircraft, Leased Aircraft or Operated Aircraft: the Insured Person being in, entering, or exiting an aircraft; 1) owned, leased or operated by the Policyholder or on the Policyholder's behalf; or 2) operated by an employee of the Policyholder on the Policyholder's behalf.
2. Aircraft Pilot or Crew: the Insured person riding as a passenger in, entering or exiting any aircraft while acting or training as a pilot or crew member. This exclusion does apply to passengers who temporarily perform pilot or crew functions in a life-threatening emergency.
3. War; a declared or undeclared War.
4. Suicide or Intentional Injury: the Insured Person's suicide, attempted suicide or intentionally self-inflicted injury.
5. Disease or Illness: 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.
6. Illegal Acts: the Insured person's commission or attempted commission of any illegal act including but not limited to any felony.
7. Incarceration: any occurrence while the Insured Person is incarcerated.
8. Intoxication: the Insured Person being intoxicated, at the time of an Accident. Intoxication is defined by the laws of the jurisdiction where such Accident occurs.
9. Narcotic: the insured person being under the influence of any narcotic or other controlled substance at the time of an accident the exclusion does not apply if any narcotic or other controlled substance is taken and used as prescribed by a physician.
10. Service in the Armed Forces: 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 apply to the first (sixty (60) consecutive days) of active military service with the armed forces of any country or established international authority.

Policy Number: 9907-44-70 Underwritten by Federal Insurance Company, a member insurer of the Chubb Group of Insurance Companies. The coverage described in this literature may not be available in all jurisdictions. This literature is descriptive only. Actual coverage is subject to the language of the policies as issued. Exclusions and limitations apply. Chubb, Box 1615, Warren, N.J. 07061-1615.



RIDER ACCIDENT MEDICAL PLAN ENROLLMENT FORM

Member Information

AMA/ATVA Member Number: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Gender: ☐ Male ☐ Female Date of birth: _____

Phone Number: (____) _____ Email Address: _____

Choose a Plan

☐ PLAN I \$193.65 Annual Premium

☐ PLAN II \$274.95 Annual Premium

☐ PLAN III \$487.50 Annual Premium

Beneficiary Designation

Beneficiary: _____

Relationship: _____

If you do not select a beneficiary, your accidental death benefits will be paid as shown in your Certificate of Insurance.

Payment Options

☐ Enclosed is my annual premium check made payable to K&K Insurance

☐ **Charge Authorization.** Yes. Please sign me up for this insurance. I have received and read all insurance disclosures. I authorize K&K Insurance to automatically charge my account annually according to the rate schedule for the coverage I select. I understand that I can cancel my coverage at any time by notifying K&K Insurance in writing.

Card Type: ☐ Visa ☐ Mastercard ☐ Discover ☐ American Express

Name on Card: _____

Credit Card Number:

Expiration Date: _____

I hereby enroll in the Rider Accident Medical Plan underwritten by Federal Insurance Company, a member insurer of the Chubb Group of Insurance Companies. I understand that my insurance coverage will be effective on the first day of the month following receipt of my enrollment form and initial premium. I have read the brochure and understand the conditions and exclusions of the program including that coverage is only in effect while I am participating in an event sanctioned by the AMA/ATVA.

Signature of Member: _____ Date: _____

Sign, date and mail along with your annual premium payment to:



K&K Insurance Group, Inc
AMA/ATVA Members Insurance
1712 Magnavox Way, P.O. Box 2338
Fort Wayne, Indiana 46801