

## Don't Race Without It! Rider Accident Medical Plan



Specifically for AMA riders, support crew and officials at AMA amateur or road sanctioned events.

OFFERED AND ADMINISTERED BY SELMAN & COMPANY

### 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 that are excess of any other valid and collectible insurance. Medical Expense means the reasonable and customary charges for medical services included, but not limited to:

- Medical care and treatment by a Physician
- Hospital room and board and hospital care; both inpatient and outpatient
- Drugs and medicines required and prescribed by a Physician
- Diagnostic tests and x-rays prescribed by a Physician
- 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
- Dental care and treatment due to the covered injury
- Physical Therapy including diathermy, ultrasonic, whirlpool or heat treatment, adjustment, manipulation, massage and the office visit associated with such therapy
- Treatment performed by a licensed medical professional when prescribed by a Physician, if hospitalization would have been otherwise required
- Artificial limbs and other prosthetic devices
- Orthopedic appliances or braces

### Accidental Death & Dismemberment Benefits (AD&D)

For loss of:	% of Principal Sum :
Life .....	100%
Both hands or both feet or sight of both eyes .....	100%
Loss of speech or hearing and one hand, foot or sight in one eye.....	100%
Loss of speech .....	50%
One hand or one foot or sight of one eye .....	50%
Thumb and index finger of the same hand .....	25%

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.

[www.insurance4ama.com](http://www.insurance4ama.com)

- Apply online for the Rider Accident Medical Plan.
- Learn more about other AMA-Sponsored Insurance Programs.



### Eligibility

All members of the American Motorcyclist Association 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 amateur or road sanctioned event.

Three Plans to Choose From:

- Plan 1**
  - \$154.92 Annual Premium\*
  - \$15,000 AD&D Principal Sum
  - \$2,500 Excess Accident Medical Maximum Benefit
  - Deductible: \$1,000
- Plan 2**
  - \$219.96 Annual Premium\*
  - \$20,000 AD&D Principal Sum
  - \$5,000 Excess Accident Medical Maximum Benefit
  - Deductible: \$1,000
- Plan 3**
  - \$390.00 Annual Premium\*
  - \$25,000 AD&D Principal Sum
  - \$10,000 Excess Accident Medical Maximum Benefit
  - Deductible: \$1,000

Note: We will pay the applicable benefits if a covered accident directly and with no other cause, results in a covered loss. 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.

\*(A \$1.00/month administrative fee will be added to your bill.)

## AMA Rider Accident Medical Plan ENROLLMENT FORM

[Please complete both sides of the enrollment form.]

Please complete both sides of this enrollment form. Sign, date and mail along with your annual premium payment to:

**AMA Members' Insurance Program**  
6110 Parkland Boulevard, Cleveland, OH 44124  
Or apply online at [www.insurance4ama.com](http://www.insurance4ama.com).

### Member Information

AMA Member Number: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Gender:  Male  Female      Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Daytime Phone: (      ) \_\_\_\_\_ Email: \_\_\_\_\_

### Plan Selection

Please choose a plan:

- Plan 1 (\$154.92 ANNUAL PREMIUM)
- Plan 2 (\$219.96 ANNUAL PREMIUM)
- Plan 3 (\$390.00 ANNUAL PREMIUM)

(A \$1.00/month administrative fee will be added to your bill.)

### Beneficiary Designation

Beneficiary\* \_\_\_\_\_  
 Relationship \_\_\_\_\_

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

## Rider Accident Medical Plan

We will reimburse up to the Benefit Amount for Excess 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 Excess 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 Excess 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 Excess Accident Medical Expense.

## Limitations

The Benefit Amount for Excess 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 or 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.

Policy Number: 9906-0678

## 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.

## Rider Accident Medical Plan Exclusions

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:

**Owned Aircraft, Leased Aircraft or Operated Aircraft:** the Insured Person being in, entering, or exiting any 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.

**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 not apply to passengers who temporarily perform pilot or crew functions in a life-threatening emergency.

**War:** a declared or undeclared War.

**Suicide or Intentional Injury:** the Insured Person's suicide, attempted suicide or intentionally self-inflicted injury.

**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.

**Illegal Acts:** the Insured Person's commission or attempted commission of any illegal act including but not limited to any felony.

**Incarceration:** any occurrence while the Insured Person is incarcerated.

**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.

**Narcotic:** the insured person being under the influence of any narcotic or other controlled substance at the time of an accident. This exclusion does not apply if any narcotic or other controlled substance is taken and used as prescribed by a physician.

**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 not apply to the first [sixty (60) consecutive days] of active military service with the armed forces of any country or established international authority.

Underwritten by Federal Insurance Company, A CHUBB Company.

New York Residents: This policy provides ACCIDENT insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Insurance Department. The expected benefit ratio for this policy is 50.5%. This ratio is the portion of future premiums which the company expects to return as benefits, when averaged over all people with this policy.

**IMPORTANT NOTICE - THIS POLICY DOES NOT PROVIDE COVERAGE FOR SICKNESS.**

AMA Members' Insurance Program • 6110 Parkland Boulevard, Cleveland, OH 44124 • Phone: 800-556-7614



## Rider Accident Medical Plan ENROLLMENT FORM

[Please complete both sides of the enrollment form.]

### Rider Accident Medical Plan Payment Options:

- Enclosed is my annual premium check made payable to Selman & Company.
- I authorize Selman & Company to charge the initial premium and all subsequent annual renewal premiums to my credit card.

Card Type:  Visa  Mastercard

Name On Card: \_\_\_\_\_

Credit Card No.: \_\_\_\_\_ Expires: \_\_\_\_\_

I HEREBY enroll in the Rider Accident Medical Plan underwritten by Federal Insurance Company, A CHUBB Company.

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.

Signature of Member: \_\_\_\_\_ Date: \_\_\_\_\_

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