

US Benefits Advisors Has Teamed Up With American Savers Business Alliance

Protection you deserve at a price you can afford!

Join the thousands of people just like you who are enjoying the many advantages of being an AmSBA Member. AmSBA is affordable, practical, and flexible so that you can choose which discounts and services best fit your needs.

EVEN MORE MEMBER ADVANTAGES

AmSBA Members have discovered how these coverage options give them protection and peace of mind at a practical price. But that is just the beginning of AmSBA membership. Members continue to enjoy savings on:

- **24 Hour Nurse Helpline**
- **Medical Air Travel Assistance**
- **Gateway Medicaid**
- **Child ID Card Services**
- **...and much more!**

See the AmSBA Membership Guide for full details.

CHANGES IN COVERAGE

For your protection we require that you notify AmSBA in writing of any status change you wish to make in your plan.

ASSOCIATION BENEFITS

24-Hour Nurse Helpline

Your family's illnesses and medical emergencies do not always occur during business hours. Members have unlimited access to registered nurses via a toll-free number 24 hours a day, 365 days a year, for prompt, confidential medical counseling to make informed decisions about your healthcare.

Access detailed information about a range of concerns including interpretation of a diagnosis, appropriate treatment for minor emergencies, or illnesses.

Nurses will not diagnose or provide treatment.

Emergency Travel Assistance

As a member, you receive the following benefits through the Emergency Travel Assistance Program when traveling more than one hundred (100) miles from your permanent residence:

- Emergency Evacuation
- Repatriation of Mortal Remains
- Transportation of Escort
- Family Visitation
- Minor Children Return/Escort
- Vehicle Return
- 24-Hour Information Service
- Medical Monitoring
- Medical Referral
- Guarantee of Medical Expenses
- Insurance Coordination
- Lost Documentation Service
- Legal Assistance
- Emergency Delivery of Prescription Items
- Emergency Cash Transfer and Advances

Gateway Medicaid

Getting vital health information to medical personnel quickly can be important if an emergency should arise. Members have access to Gateway Medicaid which keeps your personal medical profile handy at all times. Always keep your card with you in order to access your data when needed.

Accident Plan

As a member of AmSBA, you and your family are eligible to participate in our 24-hour Accidental Medical and Dental Reimbursement Expense Benefits and our 24-hour Accidental Death and Dismemberment Insurance Benefits. This plan is designed to pay medical treatment expenses directly to you as a result of an accidental injury. All enrolled and approved AmSBA dues paying members, their spouses and children are eligible.

Accidental Medical and Dental Benefits

- **Accidental Medical and Dental Reimbursement Expense \$7,500.00***
- **Deductible \$100.00***

** Both the Accidental Medical and dental Benefit and the deductible is per occurrence. Coverage is excess over any other valid/or collectable coverage (i.e. primary auto, health, etc.)*

Accident Plan EXCLUSIONS

The Policy 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 any Family Member, unless otherwise specified; or

Are not specifically listed as Covered Charges in the Policy.

- Injury by acts of war, whether declared or not.
- Injury received while traveling or flying by air, except as a fare-paying passenger and not as a pilot or crew member, on a regularly scheduled commercial airline.
- Injury covered by Worker's Compensation, Employer Liability law or Occupational Disease Act or Law.
- Dental treatment, except as specifically stated.
- Injury sustained while committing or attempting to commit a felony.
- Prescription Drugs except as specifically stated.
- Suicide or attempted suicide while sane or insane.
- Intentionally self-inflicted Injury.
- Loss resulting from being legally intoxicated or under the influence of alcohol as defined by the laws of the state or jurisdiction in which the Injury occurs.
- Loss resulting from being under the influence of any drugs or narcotic unless administered on the advice of a Doctor.
- Injury sustained while participating in or practicing for any professional or intercollegiate sports activity, except as specifically provided.
- Injury which occurs while a Covered Person is on active duty service in any armed forces. Reserve or National Guard active duty for training is not excluded unless it extends beyond 31 days.
- Injury sustained flying in an ultra light, hang gliding, parachuting or bungee-cord jumping, by flight in a space craft or any craft designed for navigation above or beyond the earth's atmosphere.
- Injury sustained while driving or riding on vehicles for off-road use including but not limited to all-terrain vehicles (ATV's).
- Injury sustained where a Covered Person is the operator and does not possess a current and valid motor vehicle operator's license, except in a Driver's Education Program.
- Treatment in any Veteran's Administration or federal Hospital, except if there is a legal obligation to pay.
- Cosmetic surgery, except for reconstructive surgery on an injured part of the body.
- Covered Charges incurred outside of the United States or its possessions, unless such Covered Charges are incurred while a Covered Person is on a trip of not more than 60 days.
- Competing in motor sports races or competitions;
- Testing cars/trucks on any racetrack or speedway;
- Handling, storing or transporting explosives;
- Scaling up cliffs or mountain walls;
- Spelunking (exploring caves);
- Handling or working with dangerous animals.
- Injury sustained while participating in a rodeo.
- Repetitive motion injuries, strains, hernia, tendonitis, bursitis and heat exhaustion not related to a specific Injury.

ENROLLMENT APPLICATION

Return completed application to :

US Benefits Advisors • 1726 Napoleon Dr • Naperville, IL 60565

\$7,500 Accident Plan
MONTHLY MEMBERSHIP DUES

Member / Family \$32.95*

**Plus a one time \$20 non-refundable enrollment fee.*

Make check Payable to: **US Benefits Advisors**

Member Name _____ Date Of Birth _____ Age _____ Sex _____

Email Address _____ Telephone Number _____

Street Address _____ City _____ State _____ Zip _____

Complete the following to cover your spouse and /or children

Spouse's Name _____ Date of Birth _____ Age _____ Sex _____

Child's Name _____ Date of Birth _____ Age _____ Sex _____

Child's Name _____ Date of Birth _____ Age _____ Sex _____

Child's Name _____ Date of Birth _____ Age _____ Sex _____

Child's Name _____ Date of Birth _____ Age _____ Sex _____

Child's Name _____ Date of Birth _____ Age _____ Sex _____

Make check Payable to: **US Benefits Advisors**

I hereby apply for membership with AmSBA, I hereby request and authorize US Benefits Advisors to pay checks drawn on my account by US Benefits Advisors, and payable to same at the current plan rates provided there are sufficient collected fund in said account to pay the same upon presentation. This authorization is to remain in effect until US Benefits Advisors receives written notification from me revoking the authorization. Member hereby appoints AmSBA president, or failing this person AmSBA 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 of AmSBA, 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 one year from date and is hereby renewed from year to year until the proxy is cancelled in writing and delivered to the association.

Subscriber Signature _____ Date ____ / ____ / ____

Monthly* * Enclose a voided check for the first month's dues & enrollment fee.

Check One: Master Card Visa American Express Discover

Card # _____ Exp Date ____ / ____ CVV2 Code _____

Amount Charged \$ _____ Signature _____ Date ____ / ____ / ____

Rate:	\$ 32.95
Enrollment Fee:	\$ 20.00
Total:	\$ _____

CANCELLATION AND REFUND PROVISION

For your protection we require that you notify US Benefits Advisors in writing of any status change you wish to make in your membership. US Benefits Advisors will accept cancellations in writing only. You may cancel your membership at any time, however you will not receive a refund for any month in which your membership was active. If for any reason you wish to cancel within 30 days, you will receive a refund of all charges paid, less the one-time enrollment fee, except where required by law.

US BENEFITS ADVISORS

1726 Napoleon Dr • Naperville, IL 60565

This brochure is not a contract.

For complete details consult your association benefits guide.

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**Looking for
quality health protection
at an affordable price?**

**JOIN
US
Benefits
Advisors**