



# AFFORDABLE HEALTH INSURANCE & PERSONAL PROTECTION PLANS

**(800) 877-9637**

Monday-Friday, 8 a.m. - 5 p.m. CST

[TNtruck.com](http://TNtruck.com)

**TRUE NORTH**<sup>®</sup>  
Insurance and Financial Strategies



Contact a  
**TRUENORTH  
NAVIGATOR:**

**(800) 877-9637**

**TNtruck.com**



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**TRUENORTH**  
Insurance and Financial Strategies

# DRIVER RESOURCE:

**PLEASE CONSIDER THE FOLLOWING BEFORE CALLING YOUR ADVISOR:**

Name \_\_\_\_\_

Primary Contact Phone Number \_\_\_\_\_

Motor Carrier \_\_\_\_\_

Contractor Driver ID \_\_\_\_\_

Who are you looking to cover?

- Member
- Member + Spouse
- Member + Child(ren)
- Member + Family

Name, date of birth and phone for dependent or beneficiaries.

Dependent/Beneficiary 1)

\_\_\_\_\_

Dependent/Beneficiary 2)

\_\_\_\_\_

Dependent/Beneficiary 3)

\_\_\_\_\_

Have you had insurance in the past **90** days?

- Yes
- No

What questions do you have for your advisor?

Your Advisor: \_\_\_\_\_



# ABOUT

**Independent Advantage** is designed exclusively for Owner Operators.

Our mission is to create an easier process for drivers to obtain personal and business coverage with no fuss. **Our mission is to help protect drivers, their families and their business on and off the road.**

## COMPANY OVERVIEW

**Independent Advantage** is a driver insurance platform offered through TrueNorth® Companies, L.C.

TrueNorth is a risk management and insurance brokerage firm headquartered in Cedar Rapids, IA, with a nationally recognized Transportation industry focus. Our firm specializes in assisting transportation companies and their people with protecting and maximizing assets, resources and opportunities. We have developed the Independent Advantage platform exclusively for independent contractor drivers and their families.



# TRUECHOICES BENEFITS:

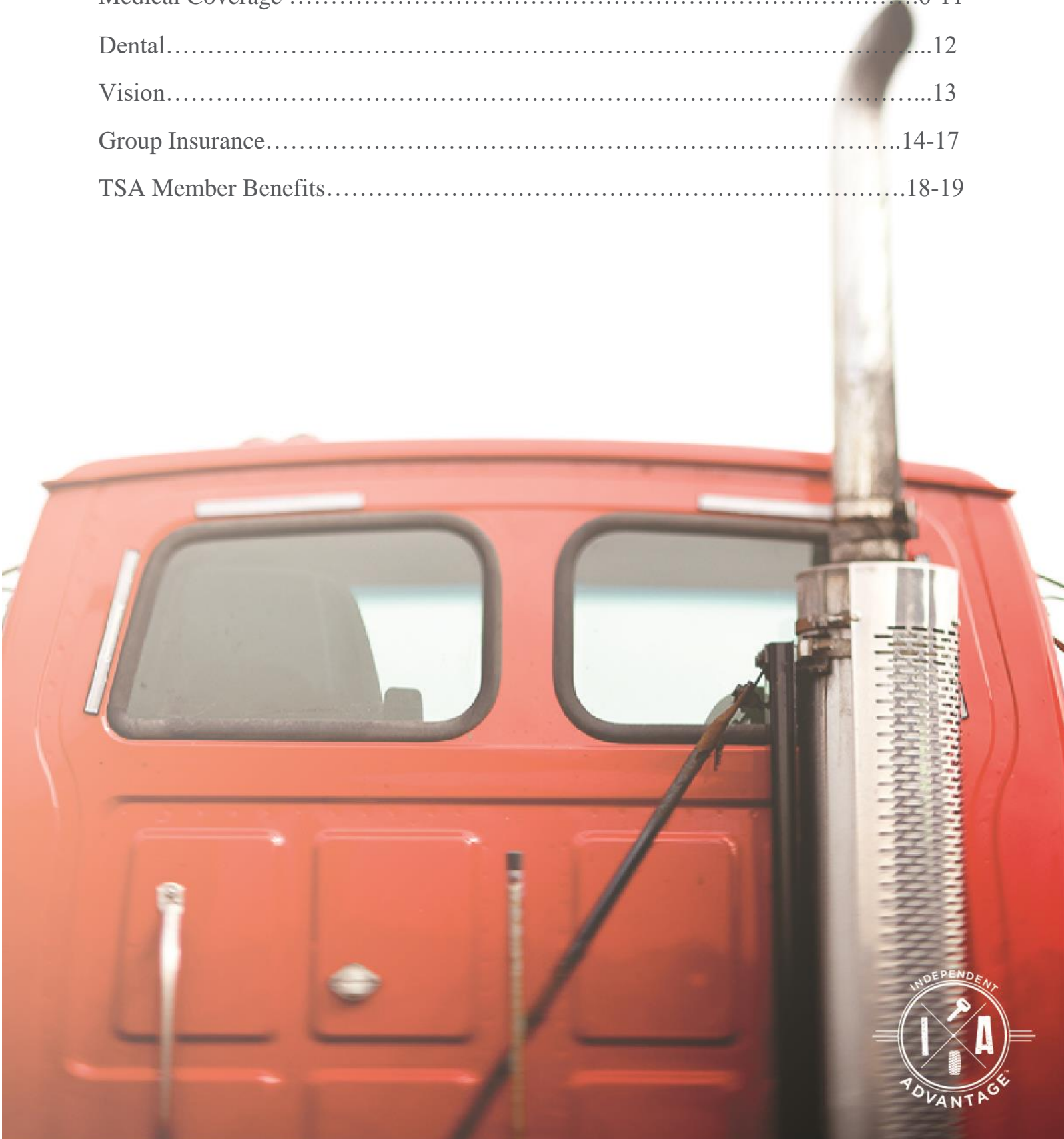
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# MEDICAL FOR OWNER OPERATORS

## COVERAGES AVAILABLE

### Monthly Rates

<b>FIXED PAYMENT MEDICAL</b>	<b>MEMBER</b>	<b>MEMBER+ SPOUSE</b>	<b>MEMBER+ CHILDREN</b>	<b>MEMBER+ FAMILY</b>
<b>PLAN OPTIONS</b>				
<b>Choice Plus</b>	\$146.18	\$304.91	\$235.32	\$417.17
<b>Choice Premier</b>	\$232.47	\$487.67	\$374.46	\$668.43
Rates below include insurance and non insurance products.				
<b>Dental Plan</b>	\$25.30	\$43.79	\$45.77	\$68.06
<b>Vision Plan</b>	\$6.93	\$13.23	\$13.86	\$21.37

### Weekly Rates (Based upon 48 week deductions/year)\*

<b>FIXED PAYMENT MEDICAL</b>	<b>MEMBER</b>	<b>MEMBER+ SPOUSE</b>	<b>MEMBER+ CHILDREN</b>	<b>MEMBER+ FAMILY</b>
<b>PLAN OPTIONS</b>				
<b>Choice Plus</b>	\$36.55	\$76.23	\$58.83	\$104.29
<b>Choice Premier</b>	\$58.12	\$121.92	\$93.62	\$167.11
Rates below include insurance and non insurance products.				
<b>Dental Plan</b>	\$6.33	\$10.95	\$11.44	\$17.02
<b>Vision Plan</b>	\$1.73	\$3.31	\$3.47	\$5.34

\*These are standard TrueChoices rates. Please check with your Motor Carrier for your specific deduction schedule.

### Weekly Rates (Based upon 52 week deductions/year)\*

<b>FIXED PAYMENT MEDICAL</b>	<b>MEMBER</b>	<b>MEMBER+ SPOUSE</b>	<b>MEMBER+ CHILDREN</b>	<b>MEMBER+ FAMILY</b>
<b>PLAN OPTIONS</b>				
<b>Choice Plus</b>	\$33.73	\$70.36	\$54.30	\$96.27
<b>Choice Premier</b>	\$53.65	\$112.54	\$86.41	\$154.25
Rates below include insurance and non insurance products.				
<b>Dental Plan</b>	\$5.84	\$10.11	\$10.56	\$15.71
<b>Vision Plan</b>	\$1.60	\$3.05	\$3.20	\$4.93

\*These are standard TrueChoices rates. Please check with your Motor Carrier for your specific deduction schedule.

Major Medical solutions are also available. Our advisors will help you navigate the marketplace.

ENROLL TODAY! Call the TrueChoices Team at **(800) 877-9637**.

# Group Limited Indemnity, Critical Illness and Accidental Death & Dismemberment Insurance Policies

Ready for Whatever's Down the Line

Truckers Service Association is providing you access to a **Group Limited Indemnity** policy that will help to protect you and your family if you receive treatment for certain medical services. You also have access to a **Critical Illness** policy that provides a benefit in the event of a serious illness, as well as an **Accidental Death & Dismemberment (AD&D)** policy that provides a benefit in the event of a serious or fatal accidental injury. Read on to learn more about these coverages. For plan specifics and coverage definitions, see the following pages.

## What is Group Limited Indemnity Insurance?

The Group Limited Indemnity insurance policy is designed to help you with certain medical expenses. Coverage is based on a set schedule of benefits for a specified number of days. The plan provides a benefit amount for select benefits such as inpatient hospitalization, surgeries, lab, x-ray and diagnostic testing, Physician's office/urgent care, mental health and substance abuse and skilled nursing care.

**Note:** Group Limited Indemnity is NOT major medical insurance.

**The Group Limited Indemnity coverage is not intended to be comprehensive, but rather a supplement to other coverage. It can help defray your costs in the event of medical treatment, but it is not scheduled to pay full amounts. Rather it pays a limited benefit amount for specific medical services.**

## What is Critical Illness insurance?

Treatment for a critical illness can be time-consuming and costly. You may be unable to work full-time, or you may have additional expenses. Critical illness insurance can help relieve that unexpected financial burden by providing a lump-sum benefit. The plan pays a benefit amount in the event of a critical illness as defined by the policy. You may use the benefit to help manage your illness or to put toward other expenses you may have (such as childcare, transportation, and special equipment).

**Note:** Critical Illness is NOT health insurance; it does not replace your medical coverage.

## What is Accidental Death & Dismemberment insurance?

Accidental Death & Dismemberment insurance provides a benefit following an accident that results in loss of life or limb (based on a schedule of benefits). You may use the benefit to put toward expenses for you or your family.

**Note:** AD&D insurance is NOT health insurance; it does not replace your medical coverage.



## Coverages at a Glance

### Group Limited Indemnity

- Covers basic medical services at a specific benefit amount for a specified number of days.

### Critical Illness

- Pays out a lump sum benefit if you become seriously ill.
- Covers 8 critical conditions, including cancer, heart attack and stroke as defined in policy.

### Accidental Death & Dismemberment

- Pays out a benefit following an accident that results in loss of life or limb based on a schedule of benefits.

**Note:** You may opt for these three coverages for your spouse or child(ren). You are eligible for this coverage regardless of your health status, and you do not have to answer any medical questions to qualify for coverage.

## How does it work?

**For Group Limited Indemnity:** Use your ID card to assign benefits to your provider who will submit the claim on your behalf.

**For Critical Illness:** Use the CI claim form, which includes sections that must be completed by you and your physician.

**For AD&D:** Use the AD&D claim form, which includes sections that must be completed by you (or your beneficiary) and your physician.

# Group Limited Indemnity, Critical Illness and AD&D Insurance Policies

Ready for Whatever's Down the Line

## Overview of plan options

Truckers Service Association offers two Group Limited Indemnity plan options. Each plan has specific benefit amounts and annual maximums. You will choose one plan option, based on the amount of coverage you need.

GROUP LIMITED INDEMNITY PLAN FOR TRUCKERS SERVICE ASSOCIATION			
BENEFITS	BENEFIT DEFINITIONS	BENEFIT AMOUNTS AND MAXIMUMS	
		Choice Plus	Choice Premier
<b>HOSPITAL BENEFITS</b>			
<b>Hospital Confinement</b>	For treatment in a hospital due to sickness or injury for 23 or more continuous hours (i.e., not less than a day)	\$600 per insured per day 30 days per insured per year	\$1,500 per insured per day 30 days per insured per year
<b>Hospital Admission</b>	Lump sum benefit for a hospital admission, due to sickness or injury	\$1,000 per insured per admission 1 admission per insured per year	\$2,000 per insured per admission 1 admission per insured per year
<b>Hospital Intensive Care Unit</b>	For intensive and comprehensive care, when confined in an area equipped with lifesaving equipment (ICU)	\$1,200 per insured per day 30 days per insured per year	\$3,000 per insured per day 30 days per insured per year
<b>SURGERY BENEFITS</b>			
<b>Inpatient Surgery</b>	For inpatient surgery in a hospital due to sickness or injury	\$1,500 per insured per day 2 days per insured per year	\$3,500 per insured per day 2 days per insured per year
<b>Outpatient Major Surgery</b>	For outpatient surgery in hospital or freestanding surgery center, due to sickness or injury	\$1,000 per insured per day 2 days per insured per year	\$1,500 per insured per day 2 days per insured per year
<b>Anesthesia</b>	For general anesthesia administered by an anesthesiologist or Certified Registered Nurse Anesthetist	\$500 per insured per day 2 days per insured per year	\$1,000 per insured per day 2 days per insured per year
<b>PHYSICIAN'S OFFICE/URGENT CARE BENEFITS</b>			
<b>Physician's Office/ Urgent Care</b>	For services rendered by a physician at physician's office or urgent care facility	\$70 per insured per day 6 days per insured per year	\$85 per insured per day 6 days per insured per year
<b>Wellness Visit</b>	For physician office visits for routine physical examinations and well baby care, including immunizations for infectious diseases	\$100 per insured per day 1 day per insured per year	\$150 per insured per day 2 days per insured per year
<b>LAB, X-RAY AND DIAGNOSTIC BENEFITS</b>			
<b>Outpatient Diagnostic Lab</b>	For lab test, ordered by a physician	\$100 per insured per day 3 days per insured per year	\$100 per insured per day 3 days per insured per year
<b>Outpatient X-ray</b>	For x-ray, ordered by a physician	\$100 per insured per day 3 days per insured per year	\$100 per insured per day 3 days per insured per year
<b>Outpatient Major Diagnostic Test</b>	For major diagnostic testing, ordered by a physician	NONE	\$200 per insured per day 3 days per insured per year
<b>MENTAL HEALTH AND SUBSTANCE ABUSE BENEFITS</b>			
<b>Substance Abuse Confinement</b>	For confinement and treatment of Substance Abuse in a Substance Abuse Treatment Facility	\$600 per insured per day 30 days per insured per year 1 confinement per insured	\$1,500 per insured per day 30 days per insured per year 1 confinement per insured
<b>Mental or Nervous Disorders Confinement</b>	For confinement and treatment of a mental or nervous disorder in a Mental or Nervous Treatment Facility	\$300 per insured per day 30 days per insured per year 1 confinement per insured	\$750 per insured per day 30 days per insured per year 1 confinement per insured
<b>OTHER BENEFITS</b>			
<b>Skilled Nursing Facility</b>	For confinement in a Skilled Nursing Care Facility within 14 days of hospital confinement of at least 3 days	\$300 per insured per day 60 days per insured per year	\$750 per insured per day 60 days per insured per year



## CRITICAL ILLNESS PLAN FOR TRUCKERS SERVICE ASSOCIATION

		Choice Plus	Choice Premier
<b>Member Coverage</b>	Pays 100% benefit for these 8 diseases: <ul style="list-style-type: none"> <li>• <b>Cancer:</b> A malignant tumor characterized by spread of malignant cells and invasion of tissue. (30-day waiting period).</li> <li>• <b>Coma:</b> A state of unconsciousness that requires the use of life support systems.</li> <li>• <b>Heart Attack:</b> The death of a portion of the heart muscle.</li> <li>• <b>Organ Transplant:</b> Transplant of a human heart, lung, liver, kidney or pancreas.</li> <li>• <b>Paralysis:</b> Complete and permanent loss of function of 2 or more limbs for at least 90 days.</li> <li>• <b>Renal Failure (end-stage):</b> Chronic, irreversible failure of both kidneys to function.</li> <li>• <b>Severe Burns:</b> Third degree burns covering at least 20% of the body.</li> <li>• <b>Stroke:</b> Rupture of a cerebral artery, or a cerebral vascular accident or incident.</li> </ul> For full definitions, check with your plan sponsor.	<b>\$5,000 benefit</b>	<b>\$10,000 benefit</b>
<b>Dependent Coverage</b> • Spouse • Child(ren)		Spouse: <b>\$5,000 benefit</b> Child(ren): <b>\$1,250 benefit</b>	Spouse: <b>\$10,000 benefit</b> Child(ren): <b>\$1,250 benefit</b>

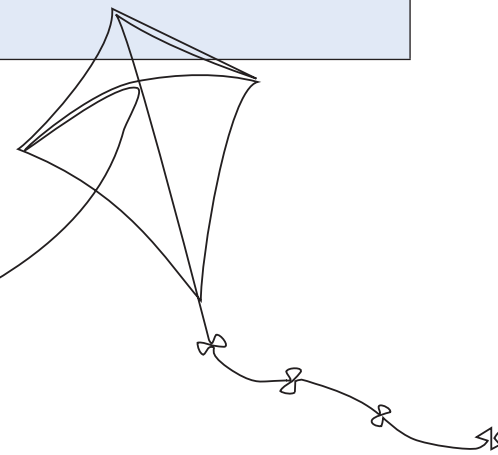
## ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) PLAN FOR TRUCKERS SERVICE ASSOCIATION

		Choice Plus and Choice Premier
<b>Member Coverage</b>	<ul style="list-style-type: none"> <li>• <b>Pays 100%:</b> Loss of Life; Brain Death; Coma; Quadriplegia; Loss of Sight of Both Eyes; Loss of Speech and Hearing (in Both Ears); Loss of Two or More Hands or Feet; Loss of One Hand or Foot and Sight in One Eye</li> <li>• <b>Pays 50%:</b> Paraplegia; Hemiplegia; Loss of Sight in One Eye; Loss of Speech; Loss of Hearing (in Both Ears); Loss of all Four Fingers of the Same Hand</li> <li>• <b>Pays 25%:</b> Uniplegia; Loss of Thumb; Loss of Thumb and Index Finger of the Same Hand; Loss of all the Toes of the Same Foot</li> <li>• <b>Pays additional 20%, if insured is wearing a seat belt</b></li> </ul> For full definitions, check with your plan sponsor.	<b>\$25,000 benefit</b>
<b>Dependent Coverage</b> • Spouse • Child(ren)		Spouse: <b>\$12,500 benefit</b> Child(ren): <b>\$6,250 benefit</b>

### Who is Beazley?

Beazley provides a suite of gap protection products that helps protect against life's uncertainties. Beazley Insurance Company, Inc. is rated A by A.M. Best. It is a subsidiary of Beazley Group which was founded in 1986.

**Beazley Accident & Health**  
 8500 Normandale Lake Blvd | Suite 955  
 Minneapolis, MN 55437 USA  
[www.beazley.com/beazley-benefits](http://www.beazley.com/beazley-benefits)



Insurance is underwritten by Beazley Insurance Company, Inc., 30 Batterson Park Road, Farmington, Connecticut, 06032. Beazley is rated A by A.M. Best. Beazley is licensed in all 50 states and the District of Columbia. CA License # 2868-8.

The **Group Limited Indemnity** policy is offered under Policy Form Series AHGLIMM001. The **Critical Illness** policy is offered under Policy Form Series AHCIC0001. This is a limited policy. The Critical Illness product is filed as a Non-Participating Specified Disease in North Carolina. The Portability benefit is filed as Continuation of Coverage in Oregon. The **AD&D** policy is offered under Policy Form Series AHPAC0001.

Pre-existing condition limitations may apply. Benefits may vary by state. Premium will vary based on the plan chosen. These policies are renewable at the option of Beazley. Refer to the Master Policy and Certificate for all terms, conditions, exclusions and limitations. Beazley uses the services of a third party administrator.

# Additional Included Benefits...



## Term Life Insurance

Underwritten by Standard Life and Accident Company, League City, TX 77573



Member	Dependents	
Group Term Life and AD&D	Group Term Life Only	
\$10,000/\$10,000	Spouse/Domestic Partner	\$5,000
	Child(ren)	\$2,500

Policy form series SL-GTL12 and riders SLA-ADBTI12-D, SLA-ADBTI12-R, SLA-ADB12-R and SLA-WAIV12-R are not available in all states and benefits may vary by state. This is a brief description of the policy terms and provisions. Refer to the policy for specific terms and conditions relating to coverage, including limitations and exclusions.



## Pharmacy Insurance Benefits

Administered by PRAM Insurance Services, Inc. 1 Pointe Dr Suite 120, Brea, CA 92821



See policy for Covered and Excluded Items.

Annual Deductible	None
<b>Retail Co-Pay - 30 day supply max</b>	
Generics	\$10
Preferred Brands	Greater of \$50 or 50%
Non-Preferred Brands	Discounts Only
<b>Mail Order Co-Pay - 90 day supply max</b>	
Generics	\$30
Preferred Brands	Greater of \$150 or 50%
Non-Preferred Brands	Discounts Only
<b>Monthly Maximum Benefits Payable</b>	
Per Insured Person	\$300
Per Insured Family	\$600



## PPO Network Benefits

Offered by First Health Group Corp

Receive discounts off covered services when you access care from a participating network provider.

Locate a participating provider at: [www.firsthealthlbp.com](http://www.firsthealthlbp.com) or call 800-226-5116



## Telemedicine Benefits

Offered by Teladoc, Inc.

Teladoc is a new way to access **qualified doctors**.

All Teladoc doctors:

- Are practicing PCPs, paediatricians and family medicine physicians
- Average 20 years experience
- Are US board-certified and licensed in your state
- Are credentialed every three years, meeting NCQA standards

Teladoc doctors can treat many **medical conditions**, including:

- Cold & flu symptoms
- Allergies
- Sinus problems
- Sore Throat
- Respiratory infection
- Skin problems
- And more!

Teladoc does not replace your primary physician. It is a **convenient and affordable** option for quality care:

- When you need care now
- If you're considering the ER or urgent care for a non-emergency issue
- On vacation, on a business trip, or away from home
- For short-term prescription fills

**Teladoc.com | 1-800-Teladoc (835-2362)**



## Patient Advocacy

**Services** Offered by TouchCare

TouchCare is the premier health advocacy service, saving you time, money and worry. Services include:

- Provider/Facility Reviews
- Appointment Scheduling + Reminders
- Records Transfer
- Claims Review & Bill Negotiation



WellCardHealth.com  
800-562-9625

## Discount Services

Offered by WellDyne Health

WellCard Health helps members save on prescription drugs and a wide range of health services including:

- Prescription Drugs
- Dental
- Vision
- MRI & Imaging
- Lab
- 24/7 Doctor
- Doctor Visits
- Hearing
- Diabetic Care Services
- Vitamins
- Medical Bill Help
- Daily Living Products
- WellCard Rewards

# DENTAL INSURANCE THROUGH

## Your Coverage with a Dentemax Provider

To locate a Dentemax provider go to [www.citizensgroup.com](http://www.citizensgroup.com)

Services	Coverage	
<b>Type A—Diagnostic &amp; Preventative</b> <ul style="list-style-type: none"> <li>• Clinical Oral Examinations – maximum 2 procedures per 12 months</li> <li>• Dental Prophylaxis – maximum 2 procedures per 12 months</li> <li>• Bitewing X-rays – maximum of 1 set per 12 months, set includes up to 4 films</li> <li>• Space Maintainers – limited to dependent children under the age of 16 – for the premature loss of a primary tooth</li> <li>• Sealants – limited to dependent children under the age of 16, maximum of 1 procedure per lifetime, applications made to permanent molar teeth only</li> </ul>	100% MAC	
<b>Type B—Basic Care</b> <ul style="list-style-type: none"> <li>• Full Mouth X-rays – including panoramic films – maximum of 1 procedure in a 5 year period</li> <li>• Emergency Care Treatment – maximum of 1 procedure per 12 months</li> <li>• Extractions (Simple) – includes local anesthesia, suturing, if needed and routine follow up care</li> <li>• Amalgam Restorations – replacement of an existing only if in place for 24 months</li> <li>• Resin Restorations – anterior – replacement of an existing only if in place for 24 months</li> </ul>	80% MAC	
<b>Type C—Major Restorative—12 Month Waiting Period: These services are covered at 50% after deductible is met AND after 12 months of consecutive coverage.</b> <ul style="list-style-type: none"> <li>• Maintenance Prosthodontics – adjustments and repairs to denture and fixed bridges, limited to adjustments and repairs performed more than 12 months after initial insertion</li> <li>• Endodontics – Pulpotomy – limited to dependent children under age 14; apicoectomy – maximum of 1 procedure per lifetime; retrograde fillings – maximum of 1 procedures per lifetime; root canal therapy – maximum of procedure per 24 months</li> <li>• Periodontics – Adjunctive Services – Scaling and root planning, 1 procedure per 24 months, per quadrant; periodontal prophylaxis, limited to 2 prophylaxis procedures in a 12 month period</li> <li>• Periodontics – Surgical Services – maximum of 1 procedure per 36 months, per quadrant</li> <li>• Extractions (Surgical) – includes impactions, residual roots and unerupted teeth</li> <li>• Oral Surgery – includes pre-operative and post-operative care</li> <li>• Anesthesia – only in conjunction with eligible complex oral surgery procedures and subject to review</li> <li>• Crowns Gold Inlay sand Onlays – benefits are provided only when the tooth, as the result of extensive decay or accidental injury, cannot be restored with a direct placement restoration; benefits will be based on the benefit for the corresponding non-cosmetic restoration</li> <li>• Prosthodontics – Complete or partial dentures, replacements limited to more than 5 years after prior placement; bridge, pontics, and abutment crowns, replacements limited to more than 7 years after the initial placement</li> </ul>	50% MAC	
<b>Annual Maximum for all Types A-B-C</b>	\$1,000 per covered person per calendar year	
<b>Deductible</b>	\$50 per calendar year, with a maximum of 3 deductibles per family on Types B-C services	
<div style="display: flex; justify-content: space-between;"> <span>Monthly Rate</span> <span>52 Week Rate</span> </div>		
<b>Member Only</b>	\$25.30	\$5.84
<b>Member &amp; Spouse</b>	\$43.79	\$10.11
<b>Member &amp; Child(ren)</b>	\$45.77	\$10.56
<b>Family</b>	\$68.06	\$15.71

This is only a brief summary of the benefits of your insurance plan. Please refer to your Certificate for a complete description of covered services and limitations or exclusions that may apply. **Maximum Allowable Charges (MAC) are based on Negotiated Fee Schedules by area and specialty.**

## Your Coverage with a Davis Vision Provider

To locate a Davis Vision provider go to [www.citizensgroup.com](http://www.citizensgroup.com)

<b>Exam</b>	\$10 Copay..... <i>every 12 months</i>
<b>Materials</b>	\$25 Copay <ul style="list-style-type: none"> <li>• Lenses.....<i>every 12 months</i></li> <li>• Frames (up to \$130).....<i>every 24 months</i></li> </ul>
<b>Single Vision Lens</b>	100%
<b>Bifocal Lens</b>	100%
<b>Trifocal Lens</b>	100%
<b>Contact Lenses – Medically Necessary</b>	100% with prior approval
<b>Contact Lenses - Elective</b>	Up to \$130

## Your Coverage with Other Providers

<b>Exam</b> .....Up to \$40	<b>Single Vision Lenses</b> .....Up to \$40
<b>Frames</b> .....Up to \$45	<b>Bifocal Lenses</b> .....Up to \$60
<b>Contact Lenses – Medically Necessary</b> ...Up to \$225	<b>Trifocal Lenses</b> .....Up to \$80
<b>Contact Lenses – Elective</b> .....Up to \$105	

## Extra Discounts and Savings

### Laser Eye Surgery

CS Group benefits offers a life changing experience...access to discounted refractive eye surgery procedures from selected provider locations

### Primary Eye Care Rider

Davis Vision covers the cost of detecting, treating and managing conditions that produce ocular or vision symptoms such as discomfort or pain, transient loss of vision, swollen lids, red eyes or pink eye, sty and cataracts. Subject to a \$5 co-payment (benefits available through participating optometrists only).

	Monthly Rate	52 Week Rate
<b>Member Only</b>	\$6.93	\$1.60
<b>Member &amp; Spouse</b>	\$13.23	\$3.05
<b>Member &amp; Child(ren)</b>	\$13.86	\$3.20
<b>Family</b>	\$21.37	\$4.93

# Group Disability Insurance



You never know when a disability could prevent you from earning an income. Fortunately, there's a way to help protect your income. If an accident or sickness prevents you from earning a paycheck, Colonial Life's Group Disability insurance can provide a monthly benefit to help you cover your ongoing expenses.

## Can you afford to not protect your income?

You don't have the same lifestyle expenses as the next person. That's why you need disability coverage that can be customized to fit your specific needs.

After calculating your monthly expenses, your benefits counselor can help you complete the benefits worksheet.

ESTIMATED MONTHLY EXPENSES	AMOUNT
Mortgage or rent	\$
Utilities (electric/gas, phone, water, TV, Internet)	\$
Transportation costs (gas, car payments)	\$
Food	\$
Health (medical needs and prescription drugs)	\$
Other	\$
<b>TOTAL</b>	<b>\$</b>

## BENEFITS WORKSHEET

### How much coverage do I need?

Monthly benefit amount for off-job accident and off-job sickness: \_\_\_\_\_

Choose a monthly benefit amount between \$400 and \$4,000.\*

### How long will I receive benefits?

Benefit period: 6 or 12 months

The partial disability benefit period is three months.

### When will my total disability benefits start?

After an accident: 14 days

After a sickness: 14 days

**\*Subject to income requirements**

## Product information:

- If you are partially disabled you may be able to receive 50% of your disability benefit. You will have had to be paid at least 14 days of total disability.
- Your premium will be based on your age when you purchase coverage and the amount of coverage you are eligible to buy. Your premium will not change due to age.
- Premium payments will be waived after 90 consecutive days of a covered disability.
- Issue age 17 to 74.

This policy provides disability income insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services.

Underwritten by Colonial Life & Accident Insurance Company. In New York underwritten by The Paul Revere Life Insurance Company and administered by Colonial Life & Accident Insurance Company.

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Form GDIS-P or call 1-800-877-9637 to speak with a representative."

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# Group Term Life Insurance



## How secure is your family's financial future without you?

If something happened to you, would your family be able to maintain their way of life? How would they cover ongoing living expenses? Colonial Life & Accident Insurance Company's Group Term Life Insurance can help provide financial security for your family.



### Immediate costs

- Funeralexpenses
- Medical bills



### Ongoing livingexpenses

- Mortgage
- Utilities
- Groceries



### Future needs

- College tuition
- Money for retirement

## Why is group term life insurance a good option?

- Death benefit which includes accidental death coverage
- Lower cost option
- Coverage for specified periods of time, which can be during high-need years
- Benefit is typically paid tax-free to your beneficiaries

## Additional benefits and services

- **Built-in Accelerated Death Benefit** provides an advance of up to 75% of the death benefit, to a maximum of \$150,000, if the covered person is diagnosed with a terminal illness.<sup>1</sup>
- **LifeWorks** provides 24-hour confidential personal support and referral service, including will preparation services. Face-to-face sessions with mental health professionals are available.<sup>2</sup>

### ONLINE

#### LifeWorks.com

Username: **coloniallife**

Password: **lifeworks**

### TELEPHONE

English: **1-888-645-1772**

Spanish: **1-888-732-9020**

TTY: **1-800-346-9188**

- **Life Planning Financial and Legal Resources** offer financial and legal counseling services, as well as grief support and referral for up to 12 months after a claim.<sup>2</sup>

## Get the most out of your coverage

- **Portability:** If you retire or change careers, you may still be able to take your coverage with you at an affordable rate.
- **Conversion:** You may be eligible to convert your coverage to an individual life policy without proof of good health when coverage ends under the group policy.

<sup>1</sup> Terminal illness means an injury or sickness that results in the covered person having a life expectancy of 12 months or less.

<sup>2</sup> LifeWorks and Life Planning Financial and Legal Resources are available with select insurance offerings. Terms and availability of service are subject to change. Service provider does not provide legal advice; please consult your attorney for guidance. Services are not valid after coverage terminates. Please contact your representative for details.

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Form GTL1.0-P or call 1-800-877-9637 to speak with a representative.

Underwritten by Colonial Life & Accident Insurance Company. In New York underwritten by The Paul Revere Life Insurance Company and administered by Colonial Life & Accident Insurance Company.

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Form GTL1.0-P or call 1-800-877-9637 to speak with a representative."

# Group Accident Plan



Colonial Life's Group Accident Insurance helps you fill some of the gaps caused by increasing deductibles, co-payments and out-of-pocket costs related to an accidental injury. With this coverage you may not need to use your savings or secure a loan to help pay those unexpected out-of-pocket expenses associated with a covered accident. *\*Offered with guaranteed issue underwriting - No health questions asked.*

**Benefits listed are for each covered person per covered accident unless otherwise specified. There may be additional benefits available.**

## Initial Care

- Accident Emergency Treatment ..... \$125
- Air Ambulance ..... \$1,500
- Ambulance ..... \$200
- X-ray Benefit ..... \$30

## Accidental Injuries

Dislocation (Separated Joint)	Non-Surgical	Surgical
Hip	\$3,000	\$6,000
Knee	\$1,500	\$3,000
Ankle – Bone or Bones of the Foot	\$1,200	\$2,400
Collarbone (sternoclavicular)	\$750	\$1,500
Lower Jaw, Shoulder, Elbow, Wrist	\$450	\$900
Bone or Bones of the Hand	\$450	\$900
Collarbone (acromioclavicular and separation)	\$150	\$300
One Toe or Finger	\$150	\$300
Fracture (Broken Bone)	Non-Surgical	Surgical
Depressed Skull	\$3,750	\$7,500
Non-Depressed Skull	\$1,500	\$3,000
Hip, Thigh	\$2,250	\$4,500
Body of Vertebrae, Pelvis, Leg	\$1,125	\$2,250
Bones of Face or Nose	\$525	\$1,050
Upper Jaw, Maxilla	\$525	\$1,050
Upper Arm between Elbow and Shoulder	\$525	\$1,050
Lower Jaw, Mandible; Kneecap, Ankle, Foot	\$450	\$900
Shoulder Blade, Collarbone, Vertebral Process	\$450	\$900
Forearm, Wrist, Hand	\$450	\$900
Rib	\$375	\$750
Coccyx	\$300	\$600
Finger, Toe	\$150	\$300

*Please see the Outline of Coverage for a full list of covered injuries and expenses*

### What additional features are included?

- Worldwide Coverage
- Portable
- Compliant with Health Savings Account (HSA) guidelines

### How do I know how much a benefit pays?

Benefit amounts are preset and not based on the medical expenses you are charged. You get a lump sum payment that is specific to the injury or treatment required.

### Will my accident claim payment be reduced if I have other insurance?

You're paid regardless of any other insurance you may have, and the benefits are paid directly to you (unless you specify otherwise).

### Exclusions and Limitations

We will not pay any benefits for losses that are caused by, contributed to by or occur as a result of: felonies or illegal occupations; hazardous avocations; racing; semi-professional or professional sports; sickness; suicide or injuries which any covered person intentionally does to himself; war or armed conflict; in addition to the exclusions listed above, we also will not pay the Catastrophic Accident benefit for injuries that are caused by or are the result of: intoxicants and narcotics. The covered person must incur a charge and the certificate must be in force for benefits to be payable.

For complete details, please see your plan documents. Applicable to policy number GACC1.0-P and certificate number GACC1.0-C (including state abbreviations where used, for example: GACC1.0-C-TX). This is not an insurance contract and only the actual policy provisions will control. Colonial Life Group Accident is not available for sale to New York residents.

*The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For cost and complete details, contact 1-800-877-9637.*

*Underwritten by Colonial Life Insurance Company. In New York underwritten by The Paul Revere Life Insurance Company and administered by Colonial Life Insurance Company.*

### THIS IS A LIMITED BENEFIT POLICY

The base policy provides ACCIDENT insurance only and does not provide coverage for sickness. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services.



# Group Specified Disease Insurance

Group specified disease insurance helps pay for non-medical and out-of-pocket medical expenses upon diagnosis of a specified critical illness. This specified disease coverage from Colonial Life & Accident Insurance Company offers the protection you need to concentrate on what is most important—your treatment, care and recovery.

## How will you pay for what your health insurance won't?

It's true—a serious medical event such as cancer, heart attack or stroke could leave you in a period of financial difficulty. Even if you have major medical coverage, there are typically uncovered expenses to consider, such as deductibles and copayments, travel expenses to and from treatment centers and the loss of wages or salary. If faced with this situation, would you be able to maintain your current way of life?

**Critical Illness Benefit:** This is a lump sum benefit to assist with the medical and/or non-medical costs associated with the diagnosis of a covered critical illness.

Covered Critical Illness Conditions	
For this critical illness	We will pay this percentage of the face amount:
Heart Attack (Myocardial Infarction)	100%
Stroke	100%
End Stage Renal (Kidney) Failure	100%
Major Organ Failure	100%
Coronary Artery Bypass Graft Surgery/Disease <sup>1</sup>	25%

<sup>1</sup> Benefit for Coronary Artery Disease applicable in lieu of benefit for Coronary Artery Bypass Graft Surgery when Health Savings Account (HSA) compliant plan is selected.

**Diagnosis of Cancer Benefit:** This is a lump sum benefit to assist with the medical and/or non-medical costs associated with the diagnosis of cancer (internal or invasive).

Covered Cancer Benefits	
For this condition...	We will pay:
Diagnosis of Cancer	100% of the face amount
Diagnosis of Carcinoma in Situ	25% of the face amount
Skin Cancer	\$500 flat amount

Please see the *Outline of Coverage* for a full list of covered injuries and expenses.

## Exclusions and Limitations for Critical Illness

We will not pay the Critical Illness Benefit or Benefit Payable Upon Subsequent Diagnosis of Critical Illness that occurs as a result of a covered person's: drug addiction; illegal activities; intoxicants and narcotics; psychiatric or psychological conditions; suicide or injuries which any covered person intentionally does to himself; war or armed conflict; or pre-existing condition, unless the covered person has satisfied the pre-existing condition limitation period shown on the Certificate Schedule on the date the covered person is diagnosed with critical illness.

## Exclusions and Limitations for Cancer

We will not pay the Diagnosis of Cancer Benefit, Diagnosis of Carcinoma in Situ Benefit or the Skin Cancer Benefit for a covered person's cancer (internal or invasive), carcinoma in situ or skin cancer that: is diagnosed or treated outside the territorial limits of the United States, its possessions, or the countries of Canada and Mexico; is a pre-existing condition, unless the covered person has satisfied the pre-existing condition limitation period shown on the Certificate Schedule on the date the covered person is initially diagnosed with having cancer (internal or invasive), carcinoma in situ or skin cancer. No Pre-existing Condition Limitation will be applied for dependent children who are born or adopted while you are covered under the policy, and who are continuously covered from the date of birth or adoption. This is not an insurance contract and only the actual certificate provisions will control. Applicable to certificate form GCC1.0-C-MO. Please see your plan documents for details.

*The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For cost and complete details, contact 1-800-877-9637. Underwritten by Colonial Life Insurance Company. In New York underwritten by The Paul Revere Life Insurance Company and administered by Colonial Life Insurance Company.*

## THIS IS A LIMITED BENEFIT POLICY

This policy provides limited benefit health insurance only.

It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services.

As a Truckers Service Association (TSA) member, you are entitled to these profit enhancing benefits and discounts! *Learn details about these and other benefits at [www.tsatruck.com](http://www.tsatruck.com) or call us at (877) 968-8785 or email [service@tsatruck.com](mailto:service@tsatruck.com)*

## **MEMBER BENEFITS**

### **Scholarship Program**

TSA offers educational scholarships to members and their dependents. Scholarships are awarded annually, in July. For more information and an application, please visit <http://www.tsatruck.com/your-membership/tsa-scholarship-guidelines.aspx>

### **TruckTalk**

TruckTalk is the monthly e-newsletter of Truckers Service Association. We provide important business and industry updates designed to arm our members with the information needed to be more effective and efficient, on and off the road.

### **InfoCentral**

You need a valuable source of information as a trucker, a small business operator, a consumer, and an individual trying to live a healthy and happy life. TSA's InfoCentral is that source. We provide our members with current and relevant information to help you not just survive on the road, but to thrive! InfoCentral is located on the TSA website, [www.tsatruck.com](http://www.tsatruck.com), and is free to TSA members.

## **PREMIUM PARTNER PROGRAMS**

### **Independent Advantage Business Coverage**

Independent Advantage provides protection for independent contractors. Do you have affordable physical damage, non-trucking liability, bobtail and occupational accident coverage? Independent Advantage has business solutions designed to assist you in meeting your driving needs. Please call 877-968-8785 or visit [Tntruck.com](http://Tntruck.com) to learn more.

### **Independent Advantage Health Insurance Coverage**

Independent Advantage was created specifically for Owner-Operators. Choosing the right type of coverage, carrier and plan design could mean the difference in thousands of dollars of premium savings. Call TSA's trusted partner at 800-877-9637 or visit [Tntruck.com](http://Tntruck.com) to learn more.

### **Auto and Home Insurance**

Why pay more for your car insurance? Save up to 17% by bundling your personal insurance with the same company that covers your truck. Get a quote in minutes by calling 844-889-8474 or online at [truenorthcompanies.com](http://truenorthcompanies.com). Be sure to reference TSA when calling!

### **ATBS - Trusted Tax and Accounting for Owner-Operators**

Our owner-operators earn 40% more profit than their peers. ATBS will handle your bookkeeping, tax prep, tax estimates, monthly P&L statements, plus a client portal to archive receipts and financials and a business coach dedicated to your success. Call 1-888-640-4829 and mention TSA to receive the TSA member preferred rate for standard business services.

### **Drivers Legal Plan**

Drivers Legal Plan is an actual national law firm dedicated to protecting the rights of truck drivers. The basic concept of the Plan is simple: to make the highest quality legal representation available to the driver force, and to make it affordable.

## MEMBER BENEFITS



### **Patriot Mobile**

Exclusively for members unlimited talk, text and 1 GB of data for just \$45 - all this, and 5% of your monthly bill will help fund TSA educational scholarships. Switch now and join the cause - your cause: [www.patriotmobile.com/mailler/01/tsa.html](http://www.patriotmobile.com/mailler/01/tsa.html)

## **PARTNER PROGRAMS**

### **UPS**

TSA members can save up to 18% off UPS Express air and international shipments and 9% off UPS ground shipments. All with the peace of mind that comes from using the carrier that delivers outstanding reliability, greater speed, more service, and innovative technology. UPS guarantees delivery of more packages around the world than anyone, and delivers more packages overnight on time in the US than any other carrier. Simple shipping! Special savings! It's that easy! Applies to your very next shipment. Visit UPS Association Discounts to sign up with Promotion Code: BTBC37KZ5 or add the code to your current account to immediately begin earning the TSA discount.

### **BestPass**

Save up to 30% on tolls - Use to by-pass most weight stations. Call 1-888-410-9696 and ask for Rich Kellie, or visit [www.bestpass.com](http://www.bestpass.com) to begin saving.

### **Fuel Discount**

Check back soon for our new TSA fuel discount savings program.

### **InterStar - Roadside Assistance**

24-7 Access to lower rates for towing, tire replacement and minor mechanical. Save 20% on InterStar management fees at the time of repair by giving your TSA coupon code "BBTSA10." Call 1-800-888-1001 to inquire, or to setup an account.

### **Pharmacy Discount Benefit**

Save 10-85% on prescription drugs - and have them delivered to your front door. Go to <http://bit.ly/QG8N9U> to print your card and view local and mail order pharmacy details.

### **Safelite Glass Program**

Get a discount on repair and replacement services for the glass in your truck. For more information, call Safelite AutoGlass® at 888-800-4527 and give account #345297 as reference.

## **STAY CONNECTED**

### **Keep Up-to-Date**

Stay on top of all of the latest news and benefits! Follow TSA on Facebook and Twitter.



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