## **OUTLINE OF BENEFITS**

(Ages 23 - 70

DESCRIPTION OF BENEFITS	OCCUPATIONAL	NON-OCCUPATIONAL
А	ACCIDENTAL DEALTH & DISMEMBERMENT	
Maximum Benefit Amount	\$200,000 Principal Sum	\$10,000 Principal Sum
Survivor's Benefit (Lump Sum)	\$50,000 Death Lump Sum + \$1500 Per Month up to 100 Months	Lump Sum
ncurral Period	52 Weeks	52 Weeks
Accidental Dismemberment—Including Paralysis and Severe Burn Benefit	Included in Principal Sum	Included in Principal Sum
	ACCIDENTAL MEDICAL EXPENSE	
Maximum Benefit Amount	\$1,000,000	\$10,000
Commencement Period	90 Days	90 Days
Deductible	\$0	\$0
ncurral Period	104 Weeks	52 Weeks
Accidental Dental Maximum Benefit Amount	\$1,000 Per Injury \$10,000 Lifetime	NOT COVERED
Chiropractic Care Occupational Therapy, Physical Therapy	No Sub-Limit Applies	No Sub-Limit Applies
	TEMPORARY TOTAL DISABILITY	
Maximum Benefit Amount	\$700Max/ \$250 Min per week	Not Covered
	*Subject to the lesser of: 70% of Average Weekly Earn	nings or the Maximum Weekly Benefit Amount Shown
Waiting Period	7 Days Retroactive	N/A
Commencement Period	90 Days	N/A
Maximum Benefit Period	104 Weeks	N/A
	CONTINUOUS TOTAL DISABILITY	
Maximum Benefit Amount	\$700Max / \$250 Min per week	Not Covered
	*Subject to the lesser of: 70% of Average Weekly Earnings or the Maximum Weekly Benefit Amount Shown	
Naiting Period	104 Weeks	N/A
Duration-Maximum Benefit Period	Up to Social Security Retirement Age	N/A
	*Age will vary depending upon the Owner-Operator's DOB. If the waiting period, he / she will not quali	
Maximum Benefit Period	104 Weeks	N/A
CERTIFICATED COMBINED SINGLE LIMIT ANY DNE ACCIDENT AND AGGREGATE	\$1,000,000	
OCCUPATIONAL ACCIDENT MONTHLY PREMIUM	\$151 PER PERSON* (*Includes \$10.00 VBA Administrative Fee)	

TRUCKERS OCCUPATIONAL ACCIDENT INSURANCE IN NOT A SUBSTITUTE FOR WORKERS' COMPENSATION COVERAGE. THE LIST OF BENEFITS IS ONLY A BRIEF DESCRIPTION OF THE ACTUAL COVERAGES. CERTAIN EXCLUSIONS AND LIMITATIONS APPLY. FOR COMPLETE DETAILS PLEASE REFER TO YOUR POLICY.