



Specialized Plans designed specifically for AHRMA Riders, Support Crew, and Officials of AHRMA Sanctioned Events

Rider Accident Medical Plan Benefits

The plan will pay an amount up to the benefit purchased – Plan 1, Plan 2, Plan 3, subject to \$1,000 deductible for covered medical expenses that are excess over any valid and collectible insurance. This plan provides accident only benefits for Covered Accidents that occur while coverage for the member is in force. Medical expense means the usual and customary for medical services included but not limited to: Medical Care and Treatment by a Physician

Plan 1

- ◆ \$350.00 Annual Premium
- ◆ \$5,000 AD&D Principle Sum
- ◆ \$2,500 Excess Accidental Medical Maximum Benefit
- ◆ \$1,000 Deductible

Plan 2

- ◆ \$525.00 Annual Premium
- ◆ \$10,000 AD&D Principle Sum
- ◆ \$5,000 Excess Accidental Medical Maximum Benefit
- ◆ \$1,000 Deductible

Plan 3

- ◆ \$850.00 Annual Premium
- ◆ \$15,000 AD&D Principle Sum
- ◆ \$10,000 Excess Accidental Medical Maximum Benefit
- ◆ \$1,000 Deductible

- ◆ Hospital Room, Board and Care
- ◆ Drugs and Medicine required and Prescribed by a Physician
- ◆ Transportation in an emergency transportation (ground) vehicle from location where the covered injury occurred to the nearest hospital where appropriate medical treatment can be obtained
- ◆ Medical, Dental and Surgical Treatment, Services or Supplies

Accidental Death & Dismemberment Benefits (AD&D)

| For Loss of or Loss of Use: | % of Principle Sum |
|--|--------------------|
| Life..... | 100% |
| Both Hands or Both Feet or Sight of Both Eyes..... | 100% |
| One Hand and One Foot..... | 100% |
| Either Hand or Foot and Sight of One Eye..... | 100% |
| Either Hand or Foot..... | 50% |
| Sight of One Eye..... | 50% |
| Thumb and Index Finger of the Same Hand..... | 50% |

ELIGIBILITY

All members of the American Historic Racing Motorcycle 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 AHRMA event.

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.

Important Notice: This information is a brief description of the important features of the insurance plan. It is not a contract of insurance. The terms and conditions of coverage are set forth in the policies issued in the state in which the policy was delivered. Complete details may be found in the policies on file at {the administrator's} office. The policy is subject to the laws of the state in which it was issued. Coverage may not be available in all states or certain times may be different if required by state law. Please keep this information as a reference

This insurance does not apply to the extent that trade or economic sanctions, other laws or regulations prohibit us from providing insurance, including, but not limited to, the payment of claims

Policy Underwritten by ACE American Insurance Company

An Insured's coverage will begin on the earliest of the date
 1. the Policy Effective Date;
 2. the date we receive the completed enrollment form;
 3. the date the required premium is paid.

An Insured's coverage will end on the earliest of the date
 1. the Policy terminates;
 2. the Insured is no longer eligible; or
 3. the period ends for which premium is paid.

To the best of my knowledge and belief, all information I have provided is true and complete. I understand my information is protected by privacy laws and will be released only in accordance with these laws. The only people who have access to this information are employees of the Insurance Company who service my policy or claim and other third parties authorized by the Insurance Company. Information may be disclosed to those who have an insurance-related regulatory or legal need for the information. In other situations, we will ask you for written authorization to disclose information about you.

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or for any other person. Penalties include imprisonment or fine. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Rider Accident Medical Plan Enrollment Form

| | | | |
|------------------|---------------|-----------------|-----------------------|
| Name: | | Member # | |
| Address: | | | |
| City: | State: | Zip: | |
| Gender: | Male | Female | Date of Birth: |
| Phone:() | | | Email: |
| Signed: | Date: | | |

Please Select a Plan: *Payment by credit card is subject to a 2.5% processing fee.

- Plan 1 \$350.00**
 - ◆ \$5,000 AD&D Principle Sum
 - ◆ \$2,500 Excess Accidental Medical Maximum Benefit
 - ◆ \$1,000 Deductible
- Plan 2 \$525.00**
 - ◆ \$10,000 AD&D Principle Sum
 - ◆ \$5,000 Excess Accidental Medical Maximum Benefit
 - ◆ \$1,000 Deductible
- Plan 3 \$850.00**
 - ◆ \$15,000 AD&D Principle Sum
 - ◆ \$10,000 Excess Accidental Medical Maximum Benefit
 - ◆ \$1,000 Deductible

Please complete this enrollment form, sign, date and mail back along with your annual payment to:

Jones Birdsong, LLP
125 West Lake Street, Suite 200
Wayzata, MN 55391
P: 866-998-3864 F: 612-392-2166

(To pay via credit card, please call the office directly)

Important Notice: Incomplete or inaccurate account information will cause a delay in coverage. The charge for this insurance will appear on your account statement as Jones Birdsong, LLP

In addition to the General Exclusions, We will not pay Accident Medical Expense Benefits for any loss, treatment or services resulting from or contributed to by:

- Treatment by persons employed or retained by the Policyholder, or by any Immediate Family or member of the Covered Person's household
- Treatment of sickness, disease or infections except pyogenic infections or bacterial infections that result from the accidental ingestion of contaminated substances.
- Treatment of hernia, Osgood-Schlatter's Disease, osteochondritis, appendicitis, osteomyelitis, cardiac disease or conditions, pathological fractures, congenital weakness, detached retina unless caused by an injury, or mental disorder or psychological or psychiatric care or treatment (except as provided in the Policy), whether or not caused by a Covered Accident.
- Pregnancy, childbirth, miscarriage, abortion or any complications of any of these conditions.
- Mental and nervous disorders (except as provided in the Policy).
- Damage to or loss of dentures or bridges, or damage to existing orthodontic equipment (except as specifically covered by the Policy).
- Expenses incurred for treatment of temporomandibular or craniomandibular joint dysfunction and associated Myofascial pain (except as provided by the Policy).
- Injury covered by Workers' Compensation, Employer's Liability Laws or similar occupational benefits or while engaging in activity for monetary gain from sources other than the Policyholder.
- Injury or loss contributed to by the use of drugs unless administered by a Doctor.
- Cosmetic surgery, except for reconstructive surgery needed as the result of an Injury.
- Any elective treatment, surgery, health treatment, or examination, including any service, treatment or supplies that: (a) are deemed by us to be experimental; and (b) are not recognized and generally accepted medical practices in the United States.
- Eyeglasses, contact lenses, hearing aids, examinations or prescriptions for them, or repair or replacement of existing artificial limbs, orthopedic braces, or orthotic devices.
- Expenses payable by any automobile insurance Policy without regard to fault. (This exclusion does not apply in any state where prohibited).
- Conditions that are not caused by a Covered Accident.
- Participation in any activity or hazard not specifically covered by the Policy.
- Any treatment, service or supply not specifically covered by the Policy.

We will not pay benefits for any loss or Injury that is caused by, or results from:

- Intentionally self-inflicted Injury.
- Suicide or attempted suicide.
- War or any act of war, whether declared or not.
- A Covered Accident that occurs while on active duty service in the military, naval or air force of any country or international organization. Upon Our receipt of proof of service, We will refund any premium paid for this time. Reserve or National Guard active duty training is not excluded unless it extends beyond 31 days.
- Sickness, disease, bodily or mental infirmity, bacterial or viral infection, or medical or surgical treatment thereof, except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food.
- Piloting or serving as a crewmember in any aircraft (except as provided by the Policy).
- Commission of, or attempt to commit, a felony.
- Eyeglasses, contact lenses, hearing aids, wheelchairs, braces, appliances, examinations, or prescriptions for them.
- The Covered Person being legally intoxicated as determined according to the laws of the jurisdiction in which the Injury occurred.
- Medical expenses paid or payable under any mandatory no fault automobile insurance contract or mandatory basic reparations benefit of no fault.
- Riding in any aircraft except as a fare-paying passenger on a regularly scheduled or charter airline.
- Commission of or active participation in a riot or insurrection.
- Injury covered by workers' compensation, employers' liability laws, or similar occupational benefits.
- Injury or loss contributed to the use of any drug or narcotic, except as prescribed by a Doctor