

Accidental Death & Dismemberment Benefit Summary

Under the TVC Pro Driver comprehensive Accidental Death, Dismemberment and Loss of Use (i.e. paralysis) coverage, you have the choice of covering yourself only, you and your spouse, or you and your family. This coverage pays benefits in the event a covered Member suffers an accidental death, dismemberment or loss of use. Please return the AD&D information form below indicating if you want Member Only, Member & Spouse, or Member & Family coverage, and who you wish to designate as your beneficiary (please include name and relationship).

A selection of one of the three options must be made by the Member and returned to us on the form below for your coverage to go into effect.

Covers accidents world wide, 24 hours per day, 365 days per year, on or off the job.

Benefit Options available are:*

		Principal Sum
Option A:	Member Only	\$50,000
Option B:	Member & Spouse	\$25,000 each
Option C:	Family	
	Member	\$30,000
	Spouse	\$15,000
	Child(ren)	\$ 3,500

Enhancements included under specific options (A,B,C) above are as follows:

- C Day care for children - up to 4 years per child
- C Children college or higher education - up to 4 years per child
- B,C Spouse training to reenter the job market
- B,C Family coverage extension benefit
- A,B,C Loss of Use (i.e. paralysis) benefit
- A,B,C Loss of sight, speech and/or hearing benefit

* Benefit amount (Principal Sum) payable may be reduced for dismemberment, loss of use, loss of sight, speech or hearing depending on severity of loss.

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Accidental Death, Dismemberment & Loss of Use Information

Please review the coverages noted and check below the plan you desire. Be advised that each person covered under the plan selected will also receive coverage in the World Wide Travel Assistance Program. Please review the pamphlet on the World Wide Travel Assistance Program prior to selecting your coverage. Also, note your beneficiary(s) and sign below.

Option A
(Member)

Option B
(Husband/Wife)

Option C
(Family)

Member's Name (Please print): _____ Member's Social Security Number _____

Address: _____

City _____ State _____ Zip Code _____

Beneficiary Name(s): _____

Member's Signature _____ Date: _____



This is a Certificate of Participation
 in Master Policy GTU-2621037 issued to
Motor Club of America Enterprises, Inc.
 P.O. Box 21443 Oklahoma City, OK 73156-1443
 Tel # 800-227-6459

Underwritten By: Individual Assurance Company, Life, Health & Accident (referred to as “We,” “Our,” “Ours”)

Eligibility: The Named Member on all active MCA Total Security paid-to-date memberships in good standing of the Motor Club of America Enterprise, Inc. (referred to as “Motor Club”). who have elected Option A “Member Only” coverage, and are under age 70.

Period of Coverage: All Eligible members are covered as long as their membership is in force and in good standing. Your coverage will end on the earlier of the date: 1) The Master Policy is terminated; 2) You are no longer eligible; 3) The period ends for which your membership is paid; or 4) You reach age 70.

Definitions: Accident: means a sudden, unexpected and unintended event. **Covered Accident:** means an Accident that occurs while coverage is in force for a Covered Person and results in a loss or Injury covered by the Policy for which benefits are payable. This includes Injury sustained while the Covered Person is a passenger, riding in or on, boarding, or getting off any civilian aircraft with a current and valid standard category airworthiness certificate. The aircraft must be operated by a pilot with current and valid Medical certificate and a pilot certificate with proper rating to pilot such aircraft. **Injury:** means accidental bodily harm sustained by a Covered Person that results directly and independently from all other causes, from a Covered Accident. The Injury must be caused solely through external, violent and accidental means. All Injuries sustained by one person in any one Accident, including all related conditions and recurrent symptoms of these injuries, is considered a single Injury. **You/Your:** means a person insured under the policy.

24 Hour Benefit: We will pay the benefit shown below if Injury or death occurs due to a covered accident, 24 hours a day, anywhere in the world, subject to the limitations listed below. If Your Injury results in any of the following losses within 90 days after the date of the Covered Accident, We will pay the amount shown below for that loss. If multiple losses occur (such as the Loss of sight in Both Eyes and the Loss of One Foot), only one Benefit Amount, the largest, will be paid for all losses due to the same Covered Accident.

Principal Sum: \$50,000

Description of Loss

Indemnity

Life; Both Hands; Both Feet; One Hand and One Foot, Sight of both Eyes;
 Speech and Hearing; Loss of Use of Four Limbs
 Loss of Use of Three Limbs
 Loss of Use of Two Limbs
 Speech or Hearing; One Hand, One Foot, or Sight of one Eye
 One Hand and One Foot; Either Hand or Foot and Sight of One Eye

Principal Sum
 3 / 4 Principal Sum
 2 / 3 Principal Sum
 1 / 2 Principal Sum
 1 / 4 Principal Sum

The term “**Loss**” means, with regard to hands and feet, actual severance through or above wrist or ankle joint, and with regard to eyes, entire irrecoverable loss of sight.

The term “**Loss of Use**” shall mean total paralysis of a limb or limbs which is determined by competent medical authority to be permanent, complete and irreversible.

Exclusions and Limitations: We will not pay benefits for any loss or Injury that is caused by, or results from, either directly or indirectly: purposely self-inflicted Injury; suicide or attempted suicide; war or any act of war, whether declared or not; service in the military, naval or air service of any country; sickness, disease, or any bacterial infection except pus forming infections from an accidental cut or wound; travel or flight in any aircraft except as a passenger, riding in or on, boarding, or getting off any civilian aircraft with a current and valid standard category airworthiness certificate which is being operated by a pilot with current and valid medical certificate and a pilot certificate with proper rating to pilot such aircraft; pregnancy, including childbirth, but not including complications thereof; or contributed to, either directly or indirectly, by the Insured being intoxicated or under the influence of any controlled substance, unless such controlled substance was prescribed by a physician and taken in accordance with the prescribed dosage.

Claim Administration: The Cover Person or beneficiary, or someone on his or her behalf, must give us written notice within 90 days of the accident. The notice must name the Covered Person and the policy number GTU-2621037. Send the notice to Motor Club of America Enterprises, Inc., 3200 W Wilshire Blvd., Oklahoma City, OK 73116. We will send you the claimant Proof of Loss forms within 15 days after we get the notice. Written Proof of Loss must be sent to us within 90 day of the loss for all coverage.

Beneficiary Designation: Loss, if any, as respects accidental death of the Covered Member shall be payable to the beneficiary or beneficiaries as designated in writing by the Covered Member and on file with the Motor Club, or if none so designated, then the first surviving class of the following class of beneficiaries: 1) Spouse of Covered Member; 2) children equally, if living; 3) parents, equally, or to the survivor; 4) brothers or sisters equally, or to the survivor(s); 5) estate of the Covered Person. All other indemnities shall be payable to the Covered Person.

This is a brief description of the important features of the coverage. It is not a contract of insurance. The terms and conditions of coverage are set forth in GTU-2621037, issued to the Motor Club of America Enterprises, Inc. Coverage may not be available in all states or certain terms or conditions may be different if required by state law. Please keep this information as a reference. The Master Policy can be review at the Motor Club’s home office located at 3200 W Wilshire Blvd, Oklahoma City Ok 73116.

This is a certificate of participation in a group accidental injury and death policy and is not motor vehicle liability insurance coverage.



INDIVIDUAL ASSURANCE COMPANY

This is a Certificate of Participation in Master Policy GTU-2621037 issued to Motor Club of America Enterprises, Inc. P.O. Box 21443 Oklahoma City, OK 73156-1443 Tel # 800-227-6459

Underwritten By: Individual Assurance Company, Life, Health & Accident (referred to as "We," "Our," "Ours")

Eligibility: The Named Member or Spouse on all active MCA Total Security paid-to-date memberships in good standing of the Motor Club of America Enterprise, Inc. (referred to as "Motor Club"), who have elected Option B "Member and Spouse" coverage, and are under age 70.

Period of Coverage: All Eligible members are covered as long as their membership is in force and in good standing. Your coverage will end on the earlier of the date: 1) The Master Policy is terminated, 2) You are no longer eligible; 3) The period ends for which your membership is paid; or 4) You reach age 70.

Definitions: Accident: means a sudden, unexpected and unintended event. Covered Accident: means an Accident that occurs while coverage is in force for a Covered Person and results in a loss or Injury covered by the Policy for which benefits are payable. This includes Injury sustained while the Covered Person is a passenger, riding in or on, boarding, or getting off any civilian aircraft with a current and valid standard category airworthiness certificate. The aircraft must be operated by a pilot with current and valid Medical certificate and a pilot certificate with proper rating to pilot such aircraft. Injury: means accidental bodily harm sustained by a Covered Person that results directly, and independently from all other causes, from a Covered Accident. The Injury must be caused solely through external, violent and accidental means. All Injuries sustained by one person in any one Accident, including all related conditions and recurrent symptoms of these injuries, are considered a single Injury. You/Your: means a person insured under the policy.

24 Hour Benefit: We will pay the benefit shown below if Injury or death occurs due to a covered accident, 24 hours a day, anywhere in the world, subject to the limitations listed below. If Your Injury results in any of the following losses within 90 days after the date of the Covered Accident, We will pay the amount shown below for that loss. If multiple losses occur (such as the Loss of sight in Both Eyes and the Loss of One Foot), only one Benefit Amount, the largest, will be paid for all losses due to the same Covered Accident.

Principal Sum: \$25,000

Description of Loss

Indemnity

Life; Both Hands; Both Feet; One Hand and One Foot, Sight of both Eyes; Speech and Hearing; Loss of Use of Four Limbs
Loss of Use of Three Limbs
Loss of Use of Two Limbs
Speech or Hearing; One Hand, One Foot, or Sight of one Eye
One Hand and One Foot; Either Hand or Foot and Sight of One Eye

Principal Sum
3 / 4 Principal Sum
2 / 3 Principal Sum
1 / 2 Principal Sum
1 / 4 Principal Sum

The term "Loss" means, with regard to hands and feet, actual severance through or above wrist or ankle joint, and with regard to eyes, entire irrecoverable loss of sight.

The term "Loss of Use" shall mean total paralysis of a limb or limbs which is determined by competent medical authority to be permanent, complete and irreversible.

Exclusions and Limitations: We will not pay benefits for any loss or Injury that is caused by, or results from, either directly or indirectly: purposely self-inflicted Injury; suicide or attempted suicide; war or any act of war, whether declared or not; service in the military, naval or air service of any country; sickness, disease, or any bacterial infection except pus forming infections from an accidental cut or wound; travel or flight in any aircraft except as a passenger, riding in or on, boarding, or getting off any civilian aircraft with a current and valid standard category airworthiness certificate which is being operated by a pilot with current and valid medical certificate and a pilot certificate with proper rating to pilot such aircraft; pregnancy, including childbirth, but not including complications thereof; or contributed to, either directly or indirectly, by the Insured being intoxicated or under the influence of any controlled substance, unless such controlled substance was prescribed by a physician and taken in accordance with the prescribed dosage.

Claim Administration: The Cover Person or beneficiary, or someone on his or her behalf, must give us written notice within 90 days of the accident. The notice must name the Covered Person and the policy number GTU-2621037. Send the notice to Motor Club of America Enterprises, Inc., 3200 W Wilshire Blvd., Oklahoma City, OK 73116. We will send you the claimant Proof of Loss forms within 15 days after we get the notice. Written Proof of Loss must be sent to us within 90 day of the loss for all coverage.

Beneficiary Designation: Loss, if any, as respects accidental death of the Covered Member shall be payable to the beneficiary or beneficiaries as designated in writing by the Covered Member and on file with the Motor Club, or if none so designated, then the first surviving class of the following class of beneficiaries: 1) Spouse of Covered Member; 2) children equally, if living; 3) parents, equally, or to the survivor; 4) brothers or sisters equally, or to the survivor(s); 5) estate of the Covered Person. All other indemnities shall be payable to the Covered Person.

This is a brief description of the important features of the coverage. It is not a contract of insurance. The terms and conditions of coverage are set forth in GTU-2621037, issued to the Motor Club of America Enterprises, Inc. Coverage may not be available in all states or certain terms or conditions may be different if required by state law. Please keep this information as a reference. The Master Policy can be review at the Motor Club's home office located at 3200 W Wilshire Blvd, Oklahoma City Ok 73116.

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Underwritten By: Individual Assurance Company, Life, Health & Accident (referred to as “We,” “Our,” “Ours”)

Eligibility: The Named Member and Spouse, under age 70, and their unmarried dependent children from birth to 19 years of age, or 25 years if attending an accredited school or college on a full-time basis, and dependent upon the Member for their support and maintenance, on all active MCA Total Security paid-to-date memberships in good standing of the Motor Club of America Enterprise, Inc. (referred to as “Motor Club”), , who have elected Option C “Family” coverage.

Period of Coverage: All Eligible members are covered as long as their membership is in force and in good standing. Your coverage will end on the earlier of the date: 1) The Master Policy is terminated, 2) You are no longer eligible; or 3) The period ends for which your membership is paid; or 4) You reach age 70.

Definitions: **Accident:** means a sudden, unexpected and unintended event. **Covered Accident:** means an Accident that occurs while coverage is in force for a Covered Person and results in a loss or Injury covered by the Policy for which benefits are payable. This includes Injury sustained while the Covered Person is a passenger, riding in or on, boarding, or getting off any civilian aircraft with a current and valid standard category airworthiness certificate. The aircraft must be operated by a pilot with current and valid Medical certificate and a pilot certificate with proper rating to pilot such aircraft. **Injury:** means accidental bodily harm sustained by a Covered Person that results directly, and independently from all other causes, from a Covered Accident. The Injury must be caused solely through external, violent and accidental means. All Injuries sustained by one person in any one Accident, including all related conditions and recurrent symptoms of these injuries, are considered a single Injury. **You/Your:** means a person insured under the policy.

24 Hour Benefit: We will pay the benefit shown below if Injury or death occurs due to a covered accident, 24 hours a day, anywhere in the world, subject to the limitations listed below. If Your Injury results in any of the following losses within 90 days after the date of the Covered Accident, We will pay the amount shown below for that loss. If multiple losses occur (such as the Loss of sight in Both Eyes and the Loss of One Foot), only one Benefit Amount, the largest, will be paid for all losses due to the same Covered Accident.

Principal Sum: \$30,000 Member; \$15,000 Spouse; \$3,500 Child(ren)

Description of Loss	Indemnity
Life; Both Hands; Both Feet; One Hand and One Foot, Sight of both Eyes;	Principal Sum
Speech and Hearing; Loss of Use of Four Limbs	3 / 4 Principal Sum
Loss of Use of Three Limbs	2 / 3 Principal Sum
Loss of Use of Two Limbs	1 / 2 Principal Sum
Speech or Hearing; One Hand, One Foot, or Sight of one Eye	1 / 4 Principal Sum
One Hand and One Foot; Either Hand or Foot and Sight of One Eye	

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The term “**Loss of Use**” shall mean total paralysis of a limb or limbs which is determined by competent medical authority to be permanent, complete and irreversible.

Day Care Benefit: If the Named Member suffers loss of life in a covered accident, we will pay, in addition to all other benefits payable, a “Day Care Benefit” of \$1,500 a year for any dependent child who, on the date of accident, was enrolled in an accredited child care facility, or is enrolled within 90 days from the date of loss. The “Day Care Benefit” is payable annually for a maximum of four consecutive annual payments but only if the dependent child is under age 13 and remains enrolled in an accredited licensed child care facility.

Special Education Benefit: If the Named Member suffers loss of life in a covered accident, we will pay, in addition to all other benefits payable, a “Special Education Benefit” of \$1,500 per year for any dependent child who, on the date of the accident, is enrolled as a full time student in an institute of higher learning or any dependent child who, on the date of the accident, is at a 12th grade level and enrolls in an institute of higher learning within one year from the date of the accident. The “Special Education Benefit” is payable annually for a maximum of four consecutive annual payments as long as the dependent child remains enrolled full time in an institute of higher learning.

Spouse Retraining Benefit: If the Named Member suffers loss of life in an covered accident, we will pay, in addition to all other benefits payable, a “Spouse Retraining Benefit” for the actual cost incurred within 30 months of the date of death for any professional or trades training program in which such spouse has enrolled for the purpose of obtaining an independent source of support and maintenance, but not to exceed a maximum total payment of \$3,000.

Extended Family Benefits: If the Named Member suffers lose of life in a covered accident, insurance in force on the date of loss with respect to the spouse and dependent children is continued automatically at no further cost for a period of 365 days from the date of loss.

Exclusions and Limitations: We will not pay benefits for any loss or Injury that is caused by, or results from, either directly or indirectly: purposely self-inflicted Injury; suicide or attempted suicide; war or any act of war, whether declared or not; service in the military, naval or air service of any country; sickness, disease, or any bacterial infection except pus forming infections from an accidental cut or wound; travel or flight in any aircraft except as a passenger, riding in or on, boarding, or getting off any civilian aircraft with a current and valid standard category airworthiness certificate which is being operated by a pilot with current and valid medical certificate and a pilot certificate with proper rating to pilot such aircraft; pregnancy, including childbirth, but not including complications thereof; or contributed to, either directly or indirectly, by the Insured being intoxicated or under the influence of any controlled substance, unless such controlled substance was prescribed by a physician and taken in accordance with the prescribed dosage.

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