



Group Accident Insurance

Offering Vital Protection When Accidents Happen

Unfortunately, accidents are a fact of life. They come in many forms, ranging from falls, burns or unintentional poisoning to motor vehicle or gun-related accidents. They cause a wide range of injuries which, in turn, can create a tremendous financial burden for men and women who are unprepared. Amalgamated Life offers a robust Accident Insurance policy designed to provide vital protection when an accident-related injury occurs.

YOU Decide How to Use the Cash Benefits

Our cash benefits provide you with greater coverage options because you get to decide how to use them.



Finances

Can help protect your HSAs, savings, retirement plans and 401ks from being depleted

Travel

You can use your cash benefits to help pay for expenses while receiving treatment in another city

Home

You can use your cash benefits to help pay the mortgage, rental payments, or perform needed home repairs for your after care

Expenses

The cash benefit can be used to help pay your family's living expenses such as bills, electricity and gas

ACCIDENT PLAN FEATURES

- **Guaranteed Issue**—No medical questions asked
- **Coverage for Family**—Insured, spouse and dependent children
- **Disability Income Sickness Rider**—Monthly Benefit \$2,000
- **Portability**—Insured can keep benefits even with a change of jobs or retirement
- **Level Premium**—Rates do not increase with age
- **Disability Income Accident Rider**—Monthly Benefit \$2,000

HERE'S HOW IT WORKS

Imagine while cleaning the gutters, you fall from the ladder and break your leg.

These are out-of-pocket expenses you may encounter:

- \$100** Emergency room copay
- \$250** Deductible (copays do not count toward deductible)
- \$35** Specialist visit copay—orthopedic surgeon
- \$350** Specialist visit copay—occupational/physical therapy for 10 days
- \$735** **Out-of-pocket expenses**

And here is a sample of benefits you may be eligible for with Amalgamated Life's Accident Insurance:

- \$150** Accident Emergency Treatment
- \$50** X-Ray (for diagnosis of broken leg)
- \$150** MRI
- \$675** Fracture (broken leg)
- \$100** Appliance (crutches)
- \$25** Accident Follow-up Doctor (\$25 per visit, up to 1 per accident)
- \$150** Physical Therapy (\$25/day for 6 days)

\$1,150 of benefits paid to you in addition to other coverage you may have with other insurance companies

ACCIDENT CLAIMS CHECKLIST

Have this information handy to identify your policy:

- Policy number
- Policyholder's name
- Policyholder's date of birth
- Policyholder's address

Here's a list of common items you will need to file a claim:

- Patient's name and date of birth
- Patient's relationship to policyholder
- Date and description of injury
- Location of accident
- Copy of police report (motor vehicle accidents)
- Authorization to obtain information: To allow Amalgamated Life to contact your provider on your behalf, please include the provider's name, address and fax number (if available)
- For hospital confinement: Ask your hospital to provide a completed UB04 document or ask your physician to provide a completed HCFA 1500 document
- For surgery: Include the operative report, and both the surgeon's and anesthesia's bills
- Include all ambulance, mobility aids, lodging and transportation invoices





Amalgamated Life

Group • Stop Loss • Voluntary

PCA, DeRidder, LA

Group Accident Insurance Plan Provisions – Policy Form: AMGACCP-19

1. Benefits will not be paid for services rendered by a member of the Immediate Family of the Insured Person.

2. Benefits will not be paid for treatment received outside the United States or its territories.

3. We will not pay benefits for an accident that is caused by or occurs as a result of an Insured Person(s):

- a. being intoxicated or under the influence of any narcotic unless administered on the advice of a Physician and taken according to the Physician's instructions (the term intoxicated refers to that condition as defined by the law of the jurisdiction in which the accident occurred);
- b. alcoholism or substance abuse;
- c. participating in an illegal activity that is defined as a felony ("felony" is as defined by the law of the jurisdiction in which the activity takes place);
- d. intentionally self-inflicting a bodily injury or attempting suicide;
- e. having cosmetic surgery, except that cosmetic surgery shall not include reconstructive surgery when such service is incidental to or follows surgery resulting from trauma, infection or other diseases of the involved part;
- f. having dental treatment, except for such care or treatment due to accidental injury to sound natural teeth within 90 days of the accident;
- g. being exposed to war or any act of war, declared or undeclared, or serving in any of the armed forces or units auxiliary hereto;
- h. competing in motor sports races or competition;
- i. competing in water sports races or competitions;
- j. testing cars or trucks on any racetrack or speedway;
- k. handling, storing or transporting explosives;
- l. scaling up cliffs or mountain walls;
- m. spelunking (exploring caves);
- n. driving or riding on vehicles for off-road use, including but not limited to all-terrain vehicles (ATV's) in a competition or professional event;
- o. handling or working with dangerous animals in a competition or professional event;
- p. water skiing or surfboarding in a competition or professional event;
- q. snow skiing or snowboarding in a competition or professional event;
- r. rollerblading or skateboarding in a competition or professional event;
- s. participating in a rodeo in a competition or professional event.

Amalgamated Life Insurance Company

Amalgamated Life Insurance Company is a leading provider of life and health insurance serving working men and women since 1943. Amalgamated Life has consistently earned the "A" (Excellent) rating from A.M. Best Company since 1975, attesting to our proven policies and procedures, adherence to the industry's highest standards, strong fiscal condition and excellent claims-paying ability.

For General Questions and Claim Questions

Toll Free Telephone Number

866-975-4089

Fax (for sending a claim)

914-367-4114

Email

MemberWebInquiry@amalgamatedbenefits.com

Claims Mailing Address

Amalgamated Life Insurance Company
Voluntary Benefits Department
P.O. Box 5453
White Plains, NY 10602-5453
submitclaimforms@amalgamatedbenefits.com

Call center hours:

Monday thru Thursday 8am-8pm EST
Friday 8am-6pm EST
Saturday 9am-1pm EST

Amalgamated Life Insurance Company

333 Westchester Avenue, White Plains, NY 10604
866.975.4089

www.amalgamatedbenefits.com

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Policy Form: AMGACCP-19*

*Features & form numbers may vary by state

*Benefit for Catastrophic Accident decreases by 50% at age 70. Same for Insured, Spouse or Children

The information in this product brochure is in an abbreviated form only. The actual coverage and amounts are subject to all the terms, limitations and exclusions in the group policy/ certificate. If the information in this product brochure differs from the group policy/ certificate, the terms of the policy govern. For specific information regarding features and benefits on Amalgamated Life's Worksite Policies, call 866-975-4089.



PCA, DeRidder, LA

Group Accident Insurance Plan Provisions – Policy Form: AMGACCR-DIA-19
Schedule of Benefits – Disability Income Accident Rider

GROUP ACCIDENT Disability Income Accident Rider

Coverage

- **Monthly Benefit: \$2,000**
- **Elimination Period: 14 days**
- **Benefit Period: 12 Months**

This rider pays a Monthly Benefit for Total Disability as a result of a Covered Accident as described below.

Employed FT at the onset of Total Disability

If the Primary Insured suffers continuous Total Disability as a result of a Covered Accident, we will pay the Monthly Benefit as shown on the Schedule of Benefits. Total Disability must occur within 90 days of the date of the Covered Accident. Regular Care and Attendance of a Physician is required. Benefits will commence on the first day of Total Disability following the Elimination Period and will continue while the Primary Insured is Totally Disabled for a period not to exceed the Benefit Period per Covered Accident.

Not Employed at the onset of Total Disability

If the Primary Insured suffers Total Disability as a result of a Covered Accident, we will pay the Monthly Benefit as shown on the Schedule of Benefits for each month the Primary Insured cannot perform 2 or more Activities of Daily Living. Regular Care and Attendance of a Physician is required. Total Disability must occur within 90 days of the date of the Covered Accident. Benefits will commence on the first day Direct Personal Assistance is required to perform such Activities of Daily Living following the Elimination Period and will continue while the Primary Insured is Totally Disabled for a period not to exceed the Benefit Period per Covered Accident.

Disability Benefits will be paid for only one disability when more than one disability exists at the same time or a disability results from two or more causes.

A new disability is subject to a new Elimination Period and a new Benefit Period. A disability that is considered a continuation of a previous disability is not subject to a new Elimination Period or a new Benefit Period. The Benefit Period per Accident is shown on the Schedule of Benefits.

Benefits for a part of a month will be paid on a daily basis. The daily rate is 1/30th of the Monthly Benefits.

IMPORTANT SICKNESS RIDER DEFINITIONS

Pre-Existing Condition Limitation

We will not pay benefits for any loss resulting from or affected by a Pre-existing Condition if the loss occurs within the 12 month period after the Rider's Effective Date.

Pregnancy– We will not pay benefits for the Primary Insured's disability that is caused by or occurs as a result of childbirth or normal pregnancy occurring within the first 10 months of the Rider's Effective Date. A disability that is caused by complications of pregnancy will be covered to the same extent as a Covered Sickness.

Pre-existing condition means a Sickness or physical condition that existed within the 12-month period before the Rider's Effective Date. For the condition to be considered pre-existing, it must have resulted in the Primary Insured receiving advice, diagnosis, or treatment from a medical professional during this preceding time period.

PCA, DeRidder, LA

Group Accident Insurance Plan Provisions – Policy Form: AMGACCR-DIS-19
Schedule of Benefits – Disability Income Sickness Rider

GROUP ACCIDENT Disability Income Sickness Rider

Coverage

- **Monthly Benefit: \$2,000**
- **Elimination Period: 14 days**
- **Benefit Period: 12 Months**

This rider pays a Monthly Benefit for Total Disability as a result of a Covered Sickness as described below.

Employed FT at the onset of Total Disability

If the Primary Insured suffers continuous Total Disability as a result of a Covered Sickness, we will pay the Monthly Benefit as shown on the Schedule of Benefits. Regular Care and Attendance of a Physician is required. Benefits will commence on the first day of Total Disability following the Elimination Period and will continue while the Primary Insured is Totally Disabled for a period not to exceed the Benefit Period per Covered Sickness.

Not Employed at the onset of Total Disability

If the Primary Insured suffers Total Disability as a result of a Covered Sickness, we will pay the Monthly Benefit as shown on the Schedule of Benefits for each month the Primary Insured cannot perform 2 or more Activities of Daily Living. Regular Care and Attendance of a Physician is required. Benefits will commence on the first day Direct Personal Assistance is required to perform such Activities of Daily Living following the Elimination Period and will continue while the Primary Insured is Totally Disabled for a period not to exceed the Benefit Period per Covered Sickness.

Disability Benefits will be paid for only one disability when more than one disability exists at the same time or a disability results from two or more causes.

A new disability is subject to a new Elimination Period and a new Benefit Period. A disability that is considered a continuation of a previous disability is not subject to a new Elimination Period or a new Benefit Period. The Benefit Period per Covered Sickness is shown on the Schedule of Benefits.

Benefits for a part of a month will be paid on a daily basis. The daily rate is 1/30th of the Monthly Benefits.

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