

THE ANSWER PLAN

Underwritten by American National Life Insurance Company of Texas (ANTEX) Galveston, Texas

- About 1 out of 17 people experience an unintentional injury each year.
- About 32 percent of deaths and disabling injuries involve workers off the job.
- A fatal injury occurs in the home every 14 minutes and a disabling injury every 4 seconds.



- The five leading causes of fatal injury are falls; poisoning; choking; drowning; and fires, flames and smoke.
- The four leading fatal causes of death in public places are falls, poisoning, drowning and choking.

National Safety Council 2005-2006 Edition

Injury Insurance Plan

ANL-AC07GB 04/07

An inpatient medical expense plan designed for members of the National Consumers Advantage Association (NCAA) and their families that pays benefits for Medical Service charges incurred by a Covered Person that results from the Medically Necessary treatment of an injury.

As a member of the NCAA, You have the flexibility of designing a plan that meets the needs of You and Your covered family members while taking

into consideration Your budget. The base plan provides benefits for inpatient treatment of an injury. For an additional premium You can enhance the base plan by purchasing the Outpatient Benefit Rider that provides benefits for Medically Necessary treatment on an outpatient basis. If You desire additional coverage for Accidental Death and Dismemberment, there is an optional rider that can be purchased.

Unlike traditional medical expense plans there are:

- **No Pre-Existing Conditions Provision**
- **No Inpatient Deductible**
- **No Coinsurance On Inpatient Confinement**
- **No Stop-Loss Amount**
- **No Pre-Certification Requirement**
- **No Need To Use Preferred Providers To Obtain Benefits**
- **No Medical Underwriting; However, We Will Underwrite Avocations, Occupation And Other Issues That Have High Potential For Contributing To Injuries**

STEP-BY-STEP

Get The Customized Coverage That You Want!

Step 1:

Become a member of the
National Consumer's Advantage
Association (NCAA)

- Silver Level Membership
\$2.50 per month/ \$30 per year
- Gold Level Membership
\$4.50 per month/ \$54 per year

Step 2:

Select your Base Plan Maximum
(Inpatient Medical Benefits)

- \$10,000
- \$15,000
- \$25,000
- \$50,000
- \$100,000
- \$250,000

Step 3:

Select your Optional
Outpatient Medical Coverage

- | <i>Deductible</i> | <i>Maximum Benefit</i> |
|----------------------------------|------------------------------------|
| <input type="checkbox"/> \$250 | <input type="checkbox"/> \$10,000 |
| <input type="checkbox"/> \$500 | <input type="checkbox"/> \$15,000 |
| <input type="checkbox"/> \$1,000 | <input type="checkbox"/> \$25,000 |
| | <input type="checkbox"/> \$50,000 |
| | <input type="checkbox"/> \$100,000 |
| | <input type="checkbox"/> \$250,000 |

Step 4:

Select your Optional
AD&D Coverage

- \$10,000
- \$15,000
- \$25,000
- \$50,000
- \$100,000

Step 5:

Complete the included
application and return it to
your agent for processing!

Agents:

Fax completed applications to
ANTEX at 1-800-660-7948

Issue Ages: 0 to 63 1/2

Plan Maximum (per covered person per injury):
\$10,000; \$15,000; \$25,000; \$50,000; \$100,000;
and \$250,000

Base Plan Benefits:

The plan provides benefits for the following Medical Services subject to Reasonable and Customary charges for the Medically Necessary treatment of a covered injury while hospital confined. Medical treatment must begin within 48 hours of the event causing the injury.

Inpatient Benefits:

- Room accommodations (up to the average semi-private room rate)
- Charges for an Intensive Care Unit, Coronary Care Unit and Neonatal Intensive Care Unit confinement up to three times the average semi-private room rate
- Hospital charges for miscellaneous Medical Services and supplies that are necessary for the treatment of the Covered Person while Hospital Confined. Such Medical Services and supplies include: operating room, recovery room, anesthesia, surgical dressings, central supplies, casts and splints, Medicines or Drugs, x-rays, laboratory service and oxygen, equipment and services, blood plasma, whole blood and blood derivatives.
- Surgery
- Surgeon and Assistant Surgeon fees
- Second Surgical Opinion
- Anesthesia Administration
- Daily Doctor Visit- primary attending Doctor's charges for one visit per day while the Covered Person is Hospital Confined
- Pathology and Radiology
- Physiotherapy- for physical, speech or inhalation therapist services

Post Confinement Benefits:

Reasonable and Customary Charges are paid for the following Medical Services following a Hospital Confinement and are not subject to any deductible.

Convalescent Care Facility/Skilled Nursing Care Facility- Daily room and board charges; and General nursing care. We pay charges up to one-half of the daily benefit paid for the Covered Person's Hospital Stay. Benefits for each Covered Person are limited to 45 days per Injury. Confinement must begin within 14 days following the Hospital Confinement of at least 3 days.

Home Health Care- Reasonable and Customary Charges for services provided by a Home Health Care Agency up to 170 hours per Injury.

Additional Plan Features:

- 24 hour coverage
- No Coordination of Benefits for the first \$10,000 of inpatient benefits.
- A supplemental death benefit should a Covered Person die within 100 days of the injury. The amount paid will be the selected maximum up to \$50,000, minus total benefits paid since the inception of coverage. E.g. \$50,000 selected maximum benefit minus \$15,000 in benefits paid-to-date will result in a death benefit of \$35,000.

Optional Riders (available for additional premium)

Outpatient Benefit Rider (ANL-AOBRRx07):

After the selected deductible has been met the rider pays 80% of the Reasonable and Customary charges for Medically Necessary Medical services rendered on an outpatient basis for the treatment of an injury. Brand Named prescription drugs will be paid at 50%. Treatment must begin within 48 hours of the event causing the injury and the loss must not be excluded under the section entitled Exceptions. **Available Deductibles:** \$250; \$500 or \$1,000 **Available Benefit Maximums:** \$10,000; \$15,000; \$25,000; \$50,000; \$100,000 or \$250,000

The following charges are covered under this rider:

1. Hospital Emergency room, Same Day Surgery Facility or other Outpatient clinic;
2. Doctor;
3. Administration of anesthesia;
4. Diagnostic tests;
5. Prescription Drug;
6. Miscellaneous supplies including casts, splints and braces, hypodermics and crutches;
7. Physical therapy; Speech therapy; and Occupational therapy. Reasonable and Customary Charges in excess of \$500 per event causing a Covered Person's Injury are not eligible for payment under this provision, and
8. Professional Ambulance Service (air or ground) to the nearest Hospital qualified to treat the Covered Person's Injuries

Accidental Death and Dismemberment (ANL-ADD07):

Benefits paid under this rider are in addition to benefits received under the base plan. The benefit amounts available are: \$10,000; \$15,000; \$25,000; \$50,000 and \$100,000. We will pay a death benefit equal to the selected amount purchased if the death is a result of a covered Injury and occurs within 100 days of such Injury.

Loss of Sight or Loss of Limb- Maximum Benefit will be paid for the loss of both hands, both feet, sight in both eyes, one hand and one foot, one hand and sight in one eye or one foot and sight in one eye. 50% of the Maximum Benefit will be paid for the loss of one hand or one foot.

Loss of hand or foot means permanent severance from the arm or leg at or above the wrist or ankle joint. Loss of sight must be total and permanent with no chance for recovery and does not include inability to see while in a coma.

National Consumer's Advantage Association

National Consumer's Advantage Association (NCAA) was formed in 1993 to educate and benefit members by providing information, resources and access to savings on products and services. Association membership rates are subject to change without notice. NCAA offers two levels of membership to fit the needs of prospective members.

NCAA members enjoy a number of health, travel, consumer and business related benefits for a nominal monthly membership fee. Membership Service Office: 16476 Chesterfield Airport Road, Chesterfield, MO 63017 Phone: 800.992.8044 Email: email@egroupmanager.com

Silver level membership dues are \$2.50 per month and provides a basic benefit package. Gold level membership dues are \$4.50 per month and provides Silver Membership benefits plus access to additional privileges and services.

Silver Membership Benefits

- **Med Script Discount Pharmacy Service-** Managed Care mail order service providing up to 50% savings on prescriptions.
- **Lens Crafters Vision Club-** 20% discount on purchases; 10% discount on eye exams and contact lenses at some stores.
- **Hearing Services-** Up to 60% discount on quality hearing aids.
- **Vitamin and Nutrition Supplement Discounts-** Discounts on a wide range of products.
- **Car Rental Discounts-** Special savings at Alamo, Avis, Hertz or National.
- **North American Van Lines Moving Discounts-** Substantial discounts on relocation services.
- **Penny Wise Office Supply Discounts-** Up to 36% off already discounted prices on a large selection of items.
- **Powernet Global-** Long distance rate of 5.4 cents per minute state-to-state, 24 hours a day, 7 days a week.
- **Customized Web Sites-** 20% discount on full-service web site development and maintenance.
- **Internet Access Services-** Discounts on unlimited dial-up access to the Internet.
- **Gateway Emergency Medical Card-** Wallet-size card provides personal medical profile in case of emergencies.

Gold Membership Benefits

In addition to all Silver Membership Benefits, Gold Membership Benefits include:

- **Crisp Learning**
- **Office Equipment Financing**
- **File Solutions**
- **Pre-Employment Background Reports**
- **Payroll Processing Services**
- **Quest Travel Plan**
- **Travel Club**
- **Roadside Travel Assistance**
- **Theme Park and Floral Service Discounts**
- **Magazine Subscription**
- **AD&D Coverage**
- **HopTheShop.com-** Cybermall featuring over 150 high quality e-tailers and stores with special discounts and features.
- **Medical Air Travel Assistance**
- **Global Fitness Program**
- **Child ID Card Services**

Underwriting Guidelines

This list has been provided as a guide when encountering potential applicants. If there are any questions concerning an occupation or avocation contact the ANTEX Underwriting department at 866-214-6973.

Ineligible Occupations

Generally, most occupations are acceptable. Some extremely hazardous occupations are considered uninsurable. These occupations are listed below:

- Professional athletes (except bowlers and golfers)
 - Asbestos workers
 - Atomic or nuclear energy personnel
 - Crop dusters
 - Hazardous chemical exposure environment
 - Toxic waste handlers
 - Underground miners
 - Explosive workers (dynamite, TNT, etc.)
 - Pyro technical workers
 - Stunt flying/aerobatics
 - Stunt men/women
 - Active Duty Military
-

Occupations To Rider

Individuals engaged in any occupation listed below will be offered coverage with an exclusion waiver. The waiver will exclude coverage for any loss resulting from the specific occupation.

- Drillers and roughnecks
 - Jockeys
 - Horse and animal trainers
 - Racing in any form
 - Rodeo performers (for profit or otherwise)
 - Overnight fisherman
 - Quarry workers
 - Offshore workers (oil well drilling & operating personnel)
 - Firefighters/fireman
 - Police and law enforcement personnel
 - Divers, professional
 - Construction and high elevation workers
 - Logging industry
-

Avocations To Rider

Individuals engaged in any of the avocations or hobbies listed below will be offered coverage with an exclusion waiver. The exclusion waiver will eliminate coverage for any loss resulting from the specific avocation.

- Student or instructor pilot
 - Rodeo participation as a hobby
 - Bungee jumping
 - Racing- any type as a hobby
 - Mountain climbing
 - Spelunking
 - Luge participant
 - Parachuting
 - Sky diving
 - Hang gliding
-

Foreign Travel or Residence

Any proposed insured who is contemplating foreign travel or residency in a foreign country may be subject to unsatisfactory living conditions or increased risk of accident hazards.

An applicant will not be accepted if he/she is planning to reside in a foreign country. Any travel in the course of business or pleasure will be considered if it is no longer than three months.

Residence/Citizenship

The proposed insured must be a citizen of the United States or have resided in the country for a minimum of 2 years and able to communicate in English.

Annual Premiums

Base Plan

(Inpatient medical benefits plus limited Accidental Death Benefit)

Maximum Benefit	Males	Females
\$10,000	\$134	\$76
\$15,000	\$165	\$94
\$25,000	\$209	\$120
\$50,000	\$282	\$162
\$100,000	\$329	\$189
\$250,000	\$364	\$214

Optional AD&D Coverage

Benefit	Males	Females
\$10,000	\$17	\$10
\$15,000	\$25	\$15
\$25,000	\$42	\$25
\$50,000	\$84	\$50
\$100,000	\$168	\$101

Modal Factors

Semi-Annual	0.52
Quarterly	0.27
List Bill	0.09
Monthly PAC	0.09

Optional Outpatient Medical Coverage

Maximum Benefit	\$250 Deductible		\$500 Deductible		\$1,000 Deductible	
	Males	Females	Males	Females	Males	Females
\$10,000	\$345	\$226	\$265	\$173	\$175	\$114
\$15,000	\$395	\$258	\$310	\$203	\$217	\$142
\$25,000	\$450	\$294	\$361	\$236	\$264	\$173
\$50,000	\$469	\$307	\$379	\$247	\$280	\$183
\$100,000	\$474	\$310	\$382	\$250	\$283	\$185
\$250,000	\$479	\$313	\$386	\$252	\$286	\$187

NCAA Dues

Silver Level	\$2.50 per month \$30 per year
Gold Level	\$4.50 per month \$54 per year

First month's NCAA membership dues waived.

Calculation Instructions: Take the Annual Premium from the Male/Female Rate Column based on each Applicant's Maximum Benefit(s) for the Base Plan and Optional Coverages. Add rates together for a Total Annual Premium. Multiply the total Annual premium by the desired Modal Factor for premium. Add NCAA dues. Due to rounding, rates manually calculated may vary slightly from system generated premiums.

THIS POLICY DOES NOT PROVIDE COVERAGE FOR LOSS CAUSED BY, CONTRIBUTED TO OR RESULTING FROM:

1. Treatment of Injury when such treatment begins more than 48 hours after the Injury causing event. 2. Sickness, bodily or mental infirmity or disease, 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. 3. Service in the military, naval or air service of any country. 4. Piloting or serving as a crew member or riding in any aircraft except as a fare-paying passenger on a regularly scheduled or charter airline. 6. Injury, if the loss is covered under these or similar laws: a. Worker's Compensation Law; b. Employer's Liability Law; or c. Occupational Disease Law. 7. Injury that results from war or act of war, whether war is declared or not. 8. Pregnancy and childbirth. 9. Plastic, cosmetic or reconstructive surgery. This Exception does not apply when surgery is required to correct damage for a covered Injury. 10. Dental Treatment unless due to a covered Injury to a Covered Person's natural teeth. 11. Suicide or any attempt at suicide. (Missouri Residents Only: Any attempt at suicide or any intentionally self-inflicted Injury resulting from an attempted suicide, while sane. An intentionally self-inflicted Injury that is obviously not an attempted suicide, while sane. Oklahoma Residents Only: Any suicide (while sane or insane), attempted suicide or any intentionally self-inflicted Injury.) 12. An intentionally self-inflicted Injury. 13. A Covered Person being intoxicated or under the influence of any drug or narcotic, unless taken on the advice of a Doctor. 14. A Covered Person operating a motor vehicle with a blood alcohol level in excess of .08% or less if the statutory minimum is less. 15. Treatment provided outside the United States of America, its possessions and territories, except as otherwise provided under Foreign Emergency Treatment. 16. Charges for Medical Services that the Policyholder or a Covered Person is not legally obligated to pay. 17. Death resulting from Injury more than 100 days after the Injury causing event.

Policy form series ANL-AC07-C This brochure contains a brief description of the plan and coverage available from American National Life Insurance Company of Texas. Should inconsistencies occur with information provided in this brochure, the terms and conditions of the Policy, as amended per state law, will apply.

**GROUP INJURY PLAN
ENROLLMENT APPLICATION TO
AMERICAN NATIONAL LIFE INSURANCE COMPANY OF TEXAS**

BENEFIT LEVEL: \$10,000 \$15,000 \$25,000 \$50,000 \$100,000 \$250,000

OPTIONAL RIDERS:

Accidental Death and Dismemberment: \$10,000 \$15,000 \$25,000 \$50,000 \$100,000

Outpatient Benefit Rider: Deductible \$250 \$500 \$1000

Benefit Level: \$10,000 \$15,000 \$25,000 \$50,000 \$100,000 \$250,000

TO BE COMPLETED PERSONALLY BY THE APPLICANT AND SPOUSE, IF APPLYING

1. Print full name of all persons who are applying for coverage:

Last, First, M.I.	Relationship	Marital Status	Gender M / F	Date of Birth Mo/Dy/Yr	Age	Place of Birth	Social Security #
A	Applicant						
B	Spouse						
C							
D							
E							

2. Employment Data	Employed Full-Time?	Name of Employer	Duties/Title	Avg. Monthly Earnings Last 12 Months
Person No. A	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$
Person No. B	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$

3. Are all Proposed Insureds U. S. Citizens? Yes No (If "No", state who and how long a resident of the U.S.A)

4. I am a member of the National Consumer Advantage Association. Yes No

5. Proposed Insured's Address _____

City _____ State _____ Zip _____

Phone: Hm() _____ Best time to call: AM/PM Work () _____ Best time to call: AM/PM

E-mail address: _____

6. Owner (if other than Proposed Insured): _____

Date of Birth _____ Relationship _____

Owner's address: _____ City _____ State _____ Zip _____

7. Beneficiary Name: _____ Date of Birth _____

Relationship _____

8. Does any Proposed Insured listed above have any other accident or major medical insurance benefits in force? If "Yes", complete the following for each Proposed Insured: Who?

Name	Name of Company	Type of Policy	Effective Date	Termination Date	Replacing
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Does any Proposed Insured participate or intend to participate in activities such as: racing of any type, diving, aerobatics, rodeo, spelunking, mountain climbing, etc. Yes No If yes, who? (Circle and describe activity)

10. Within the past 5 years has any Proposed Insured been counseled, treated, or received advice related to alcohol, drug or chemical use or abuse or received a citation for driving under the influence of a drug or alcohol? Yes No If yes, give details.

11. Has any Proposed Insured lost a hand, foot, leg or arm, or had his mobility impaired in any way? Yes No If yes, explain.

12. Has any Proposed Insured been treated for pain or disorder of the back or knees within the past year? Yes No If yes, explain.

13. Is any Proposed Insured currently receiving insurance benefits for an accident or an injury? Yes No If yes, explain.

14. Has any Proposed Insured been treated in the hospital or emergency room for an accident or an injury within the last 12 months? Yes No If yes, explain. _____

15. Does any Proposed Insured, immediate family, or household member intend to travel or reside outside the U.S.A? Yes No

