

TO: TRAINING DIRECTORS OR JATC SECRETARIES
SUBJECT: J.A.T.C. Accident Insurance

It is time to re-enroll in the Accident Insurance Plan, or to consider participating if you have not done so in the past. These programs, available through Mass Benefits, are underwritten by Chartis Insurance Company. The Accident Insurance Plan provides insurance for Apprentices and Trainees while attending classes and while traveling to and from classes: (Coverage can also include Directors, Instructors, and Committee Members – can not include office staff)

EXCESS Plan 1**

\$ 25,000 Accidental Medical Treatment
\$ 25.00 Deductible per injury
\$ 25,000 Accidental Death
\$ 25,000 Loss of either two hands, two feet,
two eyes, or any combination of any two
\$ 12,500 Loss of either one hand, foot, or eye

COST Per Person

No Weekly Indemnity \$9.25
\$200 Weekly Indemnity \$16.00
\$400 Weekly Indemnity \$29.00

PRIMARY Plan 2

\$ 25,000 Accidental Medical Treatment
\$ 25.00 Deductible per injury
\$ 25,000 Accidental Death
\$ 25,000 Loss of either two hands, two feet,
two eyes, or any combination of any two
\$ 12,500 Loss of either one hand, foot, or eye

COST Per Person

No Weekly Indemnity \$12.00
\$200 Weekly Indemnity \$18.50
\$400 Weekly Indemnity \$32.00

PRIMARY Plan 3

\$50,000 Accidental Medical Treatment
\$25.00 Deductible per injury
\$50,000 Accidental Death
\$50,000 Loss of either two hands, two feet,
two eyes, or any combination of any two
\$25,000 Loss of either one hand, foot, or eye

COST Per Person

\$200 Weekly Indemnity \$45.00

*****MINIMUM PAYMENT \$150.00:** If you chose to enroll in the JATC Accident Insurance Plan, you must submit a minimum payment of \$150.00. If your selected coverage for insured's calculates to less than \$150.00, you must remit payment of at least \$150.00 to put coverage in force.

PRIMARY COVERAGE: No coordination with any other insurance coverage, except workers' compensation. Benefits are paid 100% on a usual and customary basis.

EXCESS COVERAGE: Expenses are paid on the unpaid balance after any other insurance payments are made. If no other insurance is carried, this policy becomes primary for that individual.

****Excess Plan is NOT available in the following states: ID, ME, OH, OK, OR, SD**

The policy renews for currently insured Local J.A.T.Cs. Please note that there is a 31 day grace period to renew, after which coverage is effective the 1st of the month following Mass Benefits' receipt of the enrollment form and premium payment.

We strongly recommend that the Joint Apprenticeship Committees protect their Apprentices, Instructors, Committee Members, and Journeymen by enrolling in or renewing their coverage now.

TO PARTICIPATE, please complete the enclosed form and return it with your premium check to:

MASS BENEFITS CONSULTANTS, INC.
P.O. BOX 828
ANNANDALE, VA 22003-0828
PHONE: 1-800-221-3083
(In Virginia 703-256-7800)
Attn: Theresa Willett
twillett@massbenefits.com

ENROLLMENT FORM

J.A.T.C. Accident Insurance

(Please make any necessary corrections to contact name and address below)

Local # _____ Telephone #:(_____)_____ E-mail:_____

TO: Mass Benefits Consultants, Inc.
P.O. Box 828
Annandale, VA 22003-0828

PHONE: 1-800-221-3083

We wish to participate in the Joint Apprenticeship & Training Committee Accident Insurance Plan as selected below.

TOTAL INSURED: _____

EXCESS Plan 1

No Weekly Indemnity X \$9.25 _____
\$200 Weekly Indemnity X \$16.00 _____
\$400 Weekly Indemnity X \$29.00 _____

PRIMARY Plan 2

No Weekly Indemnity X \$12.00 _____
\$200 Weekly Indemnity X \$18.50 _____
\$400 Weekly Indemnity X \$32.00 _____

PRIMARY Plan 3

\$200 Weekly Indemnity X \$45.00 _____

**Excess Plan NOT available in:
ID, ME, OH, OK, OR, SD

****MINIMUM PAYMENT:** The minimum payment to enroll is \$150.00. If selected coverage for insured's equals less than \$150.00, please remit payment of \$150.00 to put coverage in force.

By signing this form, we agree to participate in the Mass Benefits Consultants Policy and to be bound by each and every provision of the Master Policy (and all riders and amendments thereto).

SIGNATURE

DATE

PRINT NAME AND TITLE

(CLAIM FORMS AVAILABLE AS REQUIRED FROM MASS BENEFITS)