

VBA Terms and Conditions

1. Member understands that VBA is not an insurance company or program. Insurance coverage is provided by National Union Fire Insurance Company of Pittsburgh, Pa, with its principal place of business in New York, NY.

2. VBA provides savings to its members through a number of sources. The current list of benefits may be modified through additions or deletions. A quarterly newsletter, posted on our website or sent via e-mail, will keep members up-to-date on benefits and other pertinent information.

3. Payments for VBA Programs are due in advance. Payments will be drafted on or about 15 days before the due date. If you choose to cancel your program, it is your responsibility to make sure that your membership card and a written request for cancellation are sent to VBA at least 15 days prior to the anniversary of your effective date in order for your account not to be charged for additional fees.

4. Member hereby appoints, Value Benefits of America Association (VBA) President, or failing this person, a VBA Director, as proxy holder for and on behalf of the member with the power of substitution to attend, act and vote for and on behalf of the member in respect of all matters that may properly come before the meeting of the members of VBA and at every adjournment thereof, to the same extent and with the same powers as if the undersigned member were present at the said meetings or any adjournment thereof. Annual meetings are to be held in Arizona the second Tuesday of August.

5. VBA reserves the right to terminate any enrollment or deny eligibility in the program for lack of payment to VBA, Returned checks or insufficient notices on bank drafts for payment of the membership fee is deemed to be evidence of non-payment by a member. There will be a \$10.00 charge to be reinstated in the program after such denial. If reinstatement for non-payment happens more than once, a \$20.00 reinstatement will apply.

6. In the event of any dispute, member agrees to resolve said dispute solely by binding arbitration that shall be governed by the laws of the state of Arizona and enforceable at Scottsdale, Maricopa County,

7. Membership cancelled within the first 30 days of the enrollment date may be eligible for refund if the membership card and written cancellation request are sent to VBA, The administrative fee is non-refundable. Approved refunds will be processed approximately 30 days after cancellation.

8. Membership is effective on the 1st of the month following enrollment acceptance by VBA.

Member Agreement:

By signing the enrollment form, the member expresses the desire to become a member of Value Benefits of America. Member acknowledges that the discount plans are NOT INSURANCE, but membership includes the option to purchase certain limited supplemental insurance coverages. Membership fees may be changed for all members, but not individually, with notification. In addition, by signing below, the member acknowledges that they have read, understand, and agree to the terms and conditions of membership as they have been presented to them in this brochure.

Member Signature Date

Agent Representative Date

shall not exceed the \$5,000 Hemorrhoids Lifetime Maximum Benefit Period; 2. With respect to the AME Benefit, benefits payable for or in connection with the Insured Person's Hemorrhoids, shall not exceed the \$5,000 Hemorrhoids Lifetime Maximum Benefit Amount. All Incurral Periods and Commencement Periods start on the date of the accident that caused such Injury. Exclusion # 7 on page 6 is waived.

Footnotes:

¹For Losses: "Loss" of a hand or foot means complete severance through or above the wrist or ankle joint; "Loss" of sight of an eye means total and irrecoverable loss of the entire sight in that eye; "Loss" of hearing in an ear means total and irrecoverable loss of the entire ability to hear in that ear; "Loss" of speech means total and irrecoverable loss of the entire ability to speak; and "Loss" of thumb and index finger means complete severance through or above the metacarpophalangeal joint of both digits. For Paralysis, "Quadriplegia" means the complete and irreversible paralysis of both upper and both lower limbs; "Paraplegia" means the complete and irreversible paralysis of both lower limbs; "Hemiplegia" means the complete and irreversible paralysis of the upper and lower limbs of the same side of the body and "Uniplegia" means the complete and irreversible paralysis of one limb. "Limb" means entire arm or entire leg.

²Temporary Total Disability means disability that: (1) prevents an Insured Person from performing the duties of his or her regular, primary occupation; and (2) requires that, and results in, the Insured Person receiving Continuous Care.

³Continuous Total Disability means disability that: (1) prevents an Insured Person from performing the duties of any occupation for which he or she is qualified by reason of education, training or experience; and (2) requires that, and results in, the Insured Person receiving Continuous Care.

⁴In addition to the Exclusions on page 6, Usual and Customary Charges for Covered Accident Medical Services do not include, and benefits are not payable with respect to, any expense for or resulting from: 1. repair or replacement of existing artificial limbs, artificial eyes or other prosthetic appliances or repair of existing Durable Medical Equipment unless for the purpose of modifying the item because Injury has caused further impairment in the underlying bodily condition; 2. new, or repair or replacement of, dentures, bridges, dental implants, dental bands or braces or other dental appliances, crowns, caps, inlays or onlays, fillings or any other treatment of the teeth or gums; 3. new eye glasses or contact lenses or eye examinations related to the correction of vision or related to the fitting of glasses or contact lenses, unless Injury has caused impairment of sight; or repair or replacement of existing eyeglasses or contact lenses unless for the purpose of modifying the item because Injury has caused further impairment of sight; 4. new hearing aids or hearing examinations unless Injury has caused impairment of hearing; or repair or replacement of existing hearing aids unless for the purpose of modifying the item because Injury has caused further impairment of hearing; 5. rental of Durable Medical Equipment where the total rental expense exceeds the usual purchase expense for similar equipment in the locality where the expense is incurred (but if, in the Company's sole judgment, Accident Medical Expense Benefits for rental of Durable Medical Equipment are expected to exceed the usual purchase expense for similar equipment in the locality where the expense is incurred, the Company may, but is not required to, choose to consider such purchase expense as a Usual and Customary Covered Accident Medical Expense Benefit in lieu of such rental expense); 6. Custodial Services; or 7. Personal Comfort or Convenience Items.

⁵Medically Necessary means that a Covered Accident Medical Service: (1) is essential for diagnosis, treatment or care of the Occupational Injury for which it is prescribed or performed; (2) meets generally accepted standards of medical practice; and (3) is ordered by a Physician and performed under his or her care, supervision or order.

⁶Covered Accident Medical Service(s) means any of the following services: 1. Hospital semi-private room and board (or room and board in an intensive care unit); Hospital ancillary services (including, but not limited to, use of the operating room or emergency room); or use of an Ambulatory Medical Center; 2. services of a Physician or a registered nurse (RN); 3. ambulance service to or from a Hospital; 4. laboratory tests; 5. radiological procedures; 6. anesthetics and the administration of anesthetics; 7. blood, blood products and artificial blood products, and the transfusion thereof; 8. rental of Durable Medical Equipment, up to the actual purchase price of such equipment; 9. artificial limbs, artificial eyes or other prosthetic appliances; or 10. medicines or drugs administered by a Physician or that can be obtained only with a Physician's written prescription; or 12. repair or replacement of Sound Natural Teeth damaged or lost as a result of Injury, up to the Dental Maximum, if any, shown in the Benefit Plan.

⁷Hernia means a protrusion of an organ or part through connective tissue or through a wall of the cavity in which it is normally enclosed. Hernia does not include diaphragmatic (hiatal) hernia.

⁸Hemorrhoid(s) means a mass of dilated veins in swollen tissue at the margin of the anus or nearby within the rectum.

Effective Date

An Owner-Operator's or Contract Driver's coverage under the Policy begins on the latest of: 1. the Policy Effective Date; 2. the date the person becomes a member of an eligible class of persons as described in the Description of Eligible Persons section of the Master Application; 3. if individual enrollment is required, the date written enrollment is received by the Policyholder; or 4. the date on which the first premium payment is paid when due.

Termination Date

An Owner-Operator's or Contract Driver's coverage under the Policy ends on the earliest of: 1. the date the Policy is terminated; 2. the premium due date if premiums are not paid when due; 3. the date the Owner-Operator requests, in writing, that his or her coverage be terminated; or 4. the date the Owner-Operator ceases to be a member of any eligible class(es) of persons as described in the Description of Eligible Persons section of the Master Application. In addition, a Contract Driver's coverage under the Policy will also end on the earliest of the date the Owner-Operator with respect to whom the Contract Driver is under contract ceases to be a member of any eligible class(es) of persons as described in the Schedule of the Master Application.

Exclusions

The Policy does not cover any losses caused in whole or in part by, or resulting in whole or in part from, the following: 1. suicide or any attempt at suicide; intentionally self-inflicted injury or any attempt at intentionally self-inflicted injury; 2. sickness, disease or infections of any kind, except bacterial infections due to an accidental cut or wound, botulism or ptomaine poisoning; 3. any Pre-Existing Condition; 4. Occupational Cumulative Trauma, unless (and to the extent as) specifically provided by the Policy; 5. Occupational Disease, unless (and to the extent as) specifically provided by the Policy; 6. hernia of any kind, unless (and to the extent as) specifically provided by the Policy; 7. hemorrhoids of any kind, unless (and to the extent as) specifically provided by the Policy; 8. performing, learning to perform or instructing others to perform as a master or crew member of any vessel while covered under the Jones Act or the United States Longshore and Harbor Workers' Act, or similar coverage; 9. declared or undeclared war, or any act of declared or undeclared war; 10. full-time active duty in the armed forces, National Guard or organized reserve corps of any country or international authority. (Unearned premium for any period for which the Insured Person is not covered due to his or her active duty status will be refunded.) (Loss caused while on short-term National Guard or reserve duty for regularly scheduled training purposes is not excluded.); 11. any Injury for which the Insured Person is entitled to benefits pursuant to any workers' compensation law or other similar legislation; 12. any loss insured by employers' liability insurance; 13. accidents occurring while the Insured is working for or under contract with an entity other than the Contractee; 14. the Insured Person being under the influence of drugs or intoxicants, unless taken under the advice of his or her Physician; 15. the Insured Person's commission of or attempt to commit a felony; 16. travel or flight in or on (including getting in or out of, or on or off of) any vehicle used for aerial navigation, if the Insured Person is: a. riding as a passenger in any aircraft not intended or licensed for the transportation of passengers; or b. performing, learning to perform or instructing others to perform as a pilot or crew member of any aircraft; or c. riding as a passenger in an aircraft owned, leased or operated by the Contractee; or 17. any union "stop work" action.

*Comprehensive Strength, Innovative Solutions*SM
Domestic Accident & Health Division

AIG **AIG Companies'**

IMPORTANT NOTICE

The Policy provides ACCIDENT insurance only. It does NOT provide basic hospital, basic medical, major medical or sickness coverage. This is only a brief description of the coverage(s) available under policy series C22382DBG (rev. 11-99). The Policy contains reductions, limitations, exclusions and termination provisions. Full details of the coverage are contained in the Policy. If there are any conflicts between this document and the Policy, the Policy shall govern. Not all coverages are available in every state. Insurance is underwritten by National Union Fire Insurance Company of Pittsburgh, PA, with its principal place of business in New York, NY. This coverage is not a substitute for Workers Compensation Coverage.

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Truckers Occupational Accident Insurance Program and Discount and Savings Program for the members of

**Value
Benefits
of America**
a Not-For-Profit Association

*Comprehensive Strength, Innovative Solutions*SM

Domestic Accident & Health Division

AIG **AIG Companies'**

Discount & Savings Program

As a member of VBA, under the Discount and Savings Program, you will earn dividends (paid quarterly to you) on Merchandise, Services, Travel & Entertainment when you shop from Value Benefits On-Line Mall and make a purchase. To start earning your dividends, choose from the retailers including but not limited to the following: Walmart.com; Target.com; BestBuy.com; CircuitCity.com; CompUSA.com; Buy.com; DisneyStore.com; OfficeMax.com; EddieBauer.com; Fossil.com; BrooksBrothers.com; Brookstone.com; LizClaiborne.com; FOA.com; HotelDiscount.com, and JCrew.com, etc.

In addition, you will receive discounts with the following:

Nationwide Lab Discounts;

Car Rental Services: Discounts with Alamo, National, Hertz and Avis.

Refund Sweepers: Free Merchandise, Bargains, On-Line Coupons, Rebates, Sweepstakes, and more!

The Discount & Savings Program is provided by VBA to its' members.

Cost for Association Membership & Administration Fee: \$10.00 per month.

Truckers Occupational Accident Insurance Program : Solutions for Motor Carriers, Owner-Operators, and Contract Drivers

Motor carriers and the independent owner-operators who contract with them face specialized financial risks. An accident can have a serious economic impact on an owner-operator and his/her family—and can leave a motor carrier liable for the losses. Truckers Occupational Accident Insurance (TOAI) is part of an effective, affordable, reliable solution for motor carriers and truckers alike.*

Truckers Occupational Accident Insurance covers injuries that result from eligible on-the-job accidents that owner-operators or contract drivers sustain. As a member of Value Benefits of America, Inc., Value Benefits of America, Inc. along with the Domestic Accident & Health Division of the AIG Companies are providing you with the opportunity to purchase Truckers Occupational Accident Insurance. Please refer to page 4 for Benefits Plans available and Cost for Coverage.

Eligibility for Truckers Occupational Accident Insurance

All Owner-Operators of the Participating Organization, who are under age 65, and who are under a long-term lease agreement of 30 days or more, or who have entered into a contract, to provide Occupational services for the Participating Organization.

To Enroll

To learn more about this valuable benefit offering contact Value Benefits of America, Inc. today, or if you're ready to enroll, fill out the attached enrollment form and send to: Value Benefits of America, Inc

15575 N. 79th Place, Suite 100

Scottsdale, AZ 85260

* Truckers Occupational Accident Insurance is not a substitute for Workers' Compensation coverage. Insurance coverage is provided by National Union Fire Insurance Company of Pittsburgh, Pa, with its principal place of business in New York, NY.

Benefit Plan Overview

Accidental Death, Dismemberment and Paralysis Benefit: If Injury to the Insured Person directly results in death within the 365 day Incurral Period, the Company will pay the Principal Sum shown on page 4. When Injury directly results in any of the losses/paralysis¹, indicated on page 4, within 365 days of the accident causing the loss/paralysis, the Program will pay in one payment the indicated percentage of the Principal Sum. If more than one Loss/paralysis is sustained by an Insured as a result of the same accident, only one amount, the largest, will be paid. All Incurral Periods and Commencement Periods start on the date of the accident that caused such Injury.

Survivor's Benefit: If the Accidental Death Benefit is payable, the Company will pay a monthly Survivor's Benefit to the surviving Spouse, up to the Principal Sum shown on page 4. If the Insured Person is not survived by a Spouse, or if the Insured Person's Spouse dies or remarries, the Company will pay or continue to pay the Survivor's Benefit to the Insured Person's surviving Dependent Children, if any. If there is more than one surviving Dependent Child, the Survivor's Benefit will be distributed equally among the surviving Dependent Children. The payment of the monthly Survivor's Benefit will end on the earliest of the following dates: 1. the date the Spouse dies or remarries, if there are no Dependent Children; 2. the date the last Dependent Child dies or is no longer eligible; or 3. the date the Principal Sum has been paid. All Incurral Periods and Commencement Periods start on the date of the accident that caused such Injury.

Temporary Total Disability² (TTD) Benefit: If Injury to the Insured Person results in TTD within the Commencement Period shown in the Benefit Plan on page 4, and if the Insured Person is under age 65 on the day the TTD begins, the Company will pay the TTD Benefit subject to the 7-day waiting period. The TTD benefit with respect to each week of an Insured Person's TTD during a Single Period of Total Disability is equal to the lesser of: a) the Participation Percentage (as shown on page 4) of the Insured Person's Average Weekly Earnings; or b) the Maximum Weekly Benefit Amount shown on page 4, subject to satisfaction of any applicable Waiting Period shown in the Benefit Plan. The Commencement Period starts on the date of the accident that caused such Injury. All Incurral Periods and Commencement Periods start on the date of the accident that caused such Injury.

Continuous Total Disability³ (CTD) Benefit: If Injury to the Insured Person, resulting in TTD, subsequently results in CTD, the Company will pay the \$500 CTD Maximum Weekly Benefit provided: a) benefits payable for a TTD Covered Loss ceased solely because the 104 week Maximum Benefit Period for TTD has been reached, but the Insured Person remains disabled; b) the Insured Person is under age 65 on the day after the 104 week Maximum Benefit Period for TTD has been reached; c) the Insured Person has been granted a Social Security Disability Award for their disability; and d) their disability is reasonably expected to continue without interruption until the Insured Person dies. The CTD Benefit with respect to each month of an Insured Person's CTD is equal to four and three-tenths (4.3) times the weekly benefit for TTD, less the Insured Person's primary Social Security Disability Award. The CTD Benefit with respect to less than a full Benefit Week of CTD equals 1/7th of the weekly Benefit for TTD for each day of CTD. All Incurral Periods and Commencement Periods start on the date of the accident that caused such Injury.

Accident Medical Expense Benefit: If an Insured Person suffers an Injury that requires him or her to be treated by a Physician within the 90 day Commencement Period, the Company will pay the Usual and Customary Charges⁴ incurred for Medically Necessary⁵Covered Accident Medical Services⁶ received due to that Injury, up to the \$1,000,000 Maximum Benefit Amount and the 104 week Maximum Benefit Period per Insured Person for all Injuries caused by a single accident, subject to any applicable Deductible Amount. All Incurral Periods and Commencement Periods start on the date of the accident that caused such Injury.

Hernia⁷ Coverage : Benefits will be payable for a Covered Loss caused in whole or in part by, contributed to in whole or in part by, or resulting in whole or in part from, the Insured Person's Hernia, provided such Hernia is surgically repaired while the Insured Person's coverage is in force under the Policy, subject to the following: 1. With respect to the TTD Benefit, the period for which such indemnity shall be payable for all periods of disability, subject to the TTD Benefit Waiting Period, shall not exceed the \$5,000 Hernia Lifetime Maximum Benefit Period; 2. With respect to the AME Benefit, benefits payable for or in connection with the Insured Person's Hernia, shall not exceed the \$5,000 Hernia Lifetime Maximum Benefit Amount. All Incurral Periods and Commencement Periods start on the date of the accident that caused such Injury. Exclusion # 6 on page 6 is waived.

Hemorrhoid⁸Coverage: Benefits will be payable for a Covered Loss caused in whole or in part by, contributed to in whole or in part by, or resulting in whole or in part from, the Insured Person's Hemorrhoids, provided such Hemorrhoids are surgically repaired while the Insured Person's coverage is in force under the Policy, subject to the following: 1. With respect to the TTD Benefit the period for which such indemnity shall be payable for all periods of disability, subject to the TTD Benefit Waiting Period,

Continued on page 5

Trucker Occupational Accident Insurance Benefit Plans

Should you elect for coverage, you have two plan options to choose from. See below chart:

Benefits	Plan A	Plan B
Accidental Death		
Principal Sum	\$25,000	\$25,000
Survivors Benefit*	\$125,000	\$225,000
	\$1,250/ month	\$2,250/ month
	for 100 months	for 100 months
Incurral Period	365 days	365 days

Accidental Dismemberment	Plan A	Plan B
Principal Sum	\$150,000	\$250,000
Incurral Period	365 days	365 days
For loss of:	Percentage	Percentage
Both Hands or Feet	100%	100%
Sight of Both Eyes	100%	100%
One Hand and One Foot	100%	100%
One Hand or Foot and Sight of One Eye	100%	100%
One Hand, One Foot, or Sight of One Eye	50%	50%
Thumb and Index Finger	25%	25%

Paralysis	Plan A	Plan B
Principal Sum	\$150,000	\$250,000
Incurral Period	365 Days	365 Days
For the Paralysis of:		
Quadriplegia	100%	100%
Paraplegia	75%	75%
Hemiplegia	50%	50%
Uniplegia	25%	25%

Temporary Total Disability	Plan A	Plan B
Commencement Period	90 days	90 days
Waiting Period	7 Days	7 Days
Participation Percentage	70	70
Maximum Weekly Benefit	\$500	\$500
Maximum Benefit Period	104 Weeks	104 Weeks

Continuous Total Disability	Plan A	Plan B
Participation Percentage	70	70
Maximum Weekly Benefit	\$500	\$500
Maximum Benefit Period	To Age 65	To Age 65

Accident Medical Expense (Primary)	Plan A	Plan B
Maximum Amount	\$1,000,000	\$1,000,000
Commencement Period	90 Days	90 Days
Deductible Amount	No Deductible	No Deductible
Maximum Benefit Period	104 Weeks	104 Weeks
Maximum Dental Benefit per Accident	\$1,000	\$1,000

Hernia Coverage	Plan A	Plan B
Lifetime Maximum Benefit Period	90 Days	90 Days
Lifetime Maximum Benefit Amount	\$5,000	\$5,000

Hemorrhoid Coverage	Plan A	Plan B
Lifetime Maximum Benefit Period	90 Days	90 Days
Lifetime Maximum Benefit Amount	\$5,000	\$5,000

Combined Single Limit	Plan A	Plan B
Aggregate per Occurrence	\$1,000,000	\$1,000,000
	\$2,000,000	\$2,000,000

Cost for Coverage	Plan A	Plan B
Premium Rates - Monthly per Person	\$126.00	\$131.00

* Survivor's Benefit provides \$1,250 per month for 100 months for Plan A and \$2,250 per month for 100 months for Plan B to an eligible spouse and/or dependent child(ren).

Enrollment Form

To enroll for VBA Membership Only, check here.

Association Membership and Administration Fee (\$10.00 per month)

Benefit Plans

To enroll in VBA Membership with Truckers Occupational Accident Insurance(TOAI)

check one plan option below:

Plan A: \$10.00 per month (VBA) + \$126.00 per month (TOAI) \$136.00 per month

Plan B: \$10.00 per month (VBA) + \$131.00 per month (TOAI) \$141.00 per month

Member Infomation:

Name of Motor Carrier			
Last Name	First	Middle Initial	
Social Security Number (required)		Date of Birth	
Home Phone Number		Work Phone Number	
Address			
City	State	Zip Code	
Email Address (for correspondence)	Beneficiary	Relationship	
Payment Options (Check One). Make Payment payable to VBA.			
<input type="checkbox"/> Monthly Bank Draft (include voided check for bank draft)			
<input type="checkbox"/> Monthly List Bill (5 or more)			
<i>Billing will be 15 days before due date.</i>			
VBA AUTHORIZATION TO HONOR CHECKS, SHARE DRAFTS, OR ACCOUNT DEBITS			
Name of Depositor as it appears on Banking Institution Records			
Account Number	Routing/Transit #	Name of Banking Institution/Branch	
Address	City	State	Zip
Credit Card Number	Expiration Date		
As a convenience to me, I authorize you to pay and charge to my account checks, share drafts, electronic fund transfer debits or other account debits made upon my account by and payable to the order of the entity designated above or its legal representatives for membership, benefits and or insurance premiums.			
I agree that your treatment of each check, share draft or debit, and your rights with respect to it, will be the same as if it were signed or initiated personally by me. I further agree that if any check, share draft or debit is dishonored for any reason, you will not be under any liability even though dishonor results in the forfeiture of insurance benefits or membership. I further agree that this authorization is to remain in effect until you receive written notice from me of its revocation unless you end it earlier.			
Member Signature	Date		
Additional Signature (if joint account)	Date		