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 ~ North Carolina

ANL-AC07NC 09/07

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

Deductible
- ❑ $250
- ❑ $500
- ❑ $1,000

Maximum Benefit
- ❑ $10,000
- ❑ $15,000
- ❑ $25,000
- ❑ $50,000
- ❑ $100,000
- ❑ $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 splits, 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, splits 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 <u>not</u> 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 priviledges 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**

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

❑ New ❑ Reinstatement- Existing #_____ ❑ Change- Existing #_____

MAXIMUM BENEFIT PAYMENT PER ACCIDENT: ❑ $10,000 ❑ $15,000 ❑ $25,000 ❑ $50,000 ❑ $100,000 ❑ $250,000

MAXIMUM DEATH BENEFIT PER COVERED PERSON: *SAME AMOUNT CHOSEN ABOVE UP TO A MAXIMUM OF $50,000*

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	❑Yes ❑ No			$
Person No. B	❑Yes ❑ 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
					❑Yes ❑ No
					❑Yes ❑ No
					❑Yes ❑ 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

APPLICATION DECLARATION & AGREEMENTS

It is declared that all statements and answers in this Enrollment Application are complete and true to the best knowledge and belief of the undersigned and it is agreed they will be used to determine the eligibility for coverage; The undersigned agrees and understands that: (1) 'Proposed Insured' means all persons named in number 1 of the Enrollment Application; (2) The undersigned has personal knowledge of each Proposed Insured; (3) any incorrect or incomplete information on the Enrollment Application may result in loss of coverage or claim denial; (4) no insurance shall take effect unless coverage is provided by delivery of a certificate to the Applicant and the first full premium is paid during the lifetime and good health of all Proposed Insureds applying for insurance; and (5) no Agent or other representative of the Company has the authority to waive any provisions or conditions of this Application or to alter or amend it in any way. **I understand that an electronic signature on this application and/or any Endorsement Riders is legal and enforceable.**

Dated at _____ _____
Applicant's Signature

This_____day of_____, 20_____

_____ _____
Soliciting Agent *Spouse's Signature*

Soliciting agent's writing number _____ Tele #_____ Cell#_____

Soliciting agent's e-mail address _____ Fax #_____

Payment Mode: ❑ Annual ❑ Semi-Annual ❑ Quarterly ❑ Monthly Electronic Debit (Funds to be withdrawn from the account Number shown on CWA check, otherwise, submit a copy of a voided Check or deposit slip to establish a different account for premium withdrawal) ❑ Checking ❑ Savings

❑ Cash collected with Application: $_____ OR ❑ Draft Initial Premium: $_____ (quoted premium)

❑ Credit Card CREDIT CARD INFORMATION - INITIAL PREMIUM ONLY

Payment Amount $_____ ❑ VISA ❑ MasterCard ❑ AMEX

Card No.: | | | | | | | | | | | | | | | | |

3 digit Security Number - Back of Card _____

AMEX - 4 digit Security Number - Front of Card _____

Name and address of Premium Payor if other than Applicant:

_____ _____
Expiration Date Today's Date

_____ _____
Print Name of Cardholder

_____ _____
Signature of Cardholder

NATIONAL CONSUMER ADVANTAGE ASSOCIATION - MEMBERSHIP APPLICATION

Under Bylaws of the Association now or as amended, with resulting cost savings that ultimately benefit me as a member, by delivery of this signed enrollment form to National Consumer's Advantage Association, I appoint its President as my proxy irrevocably to vote and other wise act. This proxy shall be of no effect at any meeting that I personally attend.

PLEASE CHOOSE ONE: ❑ Silver Membership ($2.50 per month or $30 annually)
❑ Gold Membership ($4.50 per month or $54 annually)

Member Name (*please print*) _____ Member Signature_____

AGENT'S CERTIFICATION: I have truly and accurately recorded on this Enrollment Application form the information supplied by the applicant. **Printed Name**_____ **Signature** _____ **Date**_____