

A photograph of a smiling family of three is positioned on the left side of the page. The father is on the left, the mother is in the center, and a young girl is in the foreground. They are all looking towards the camera with pleasant expressions.

24 Hour Accident Coverage

\$10,000

Accident Medical Coverage

\$4,000

Emergency Air Ambulance

\$10,000

Accidental Death &
Dismemberment

(option 1)

Accident Coverage



OPTION ONE

- \$10,000 Accident Medical Coverage - \$250 Deductible
- \$4,000 Emergency Air Ambulance - Worldwide Coverage
- \$10,000 Accidental Death and Dismemberment

Weekly Disability Income: If, as a result of injury, the primary member becomes totally disabled, as defined in your certificate of coverage, we will pay the weekly benefit amount of \$150.00. Disability Income starts on date of the first treatment by a doctor which follows the accident causing injury. This benefit begins on the 15th day from the start of the continuous disability. We will pay this benefit amount for as long as the covered primary member is totally disabled from any one accident, but no longer than the maximum number of 26 weeks.

(see benefits description)

OPTION TWO

- \$7,500 Accident Medical Coverage - \$250 Deductible
- \$4,000 Emergency Air Ambulance - Worldwide Coverage
- \$7,500 Accidental Death and Dismemberment

(see benefits description)

OPTION THREE

- \$5,000 Accident Medical Coverage - \$250 Deductible
- \$4,000 Emergency Air Ambulance - Worldwide Coverage
- \$5,000 Accidental Death and Dismemberment

(see benefits description)

OPTION FOUR

- \$2,500 Accident Medical Coverage - \$250 Deductible
- \$4,000 Emergency Air Ambulance - Worldwide Coverage
- \$2,500 Accidental Death and Dismemberment

(see benefits description)

Insurance Benefits provided by Guarantee Trust Life Insurance Company

Benefits Description

Accident Medical Coverage - Any doctor, Emergency Room, Clinic or Hospital: Medical Services means the costs for: Medically necessary treatment by a physician, nurse, dentist, hospital room and board, outpatient surgery, use of an ambulance, dental work to sound natural teeth, drugs, medicines, diagnostic tests and x-rays, oxygen, casts, splints, crutches, blood plasma, treatment performed by licensed medical professional and rental of durable medical equipment. Benefits are excess of other coverage.

\$4,000 Emergency Air Ambulance - Worldwide Coverage: Most Medical plans only cover ground ambulance. In the event a member suffers from a covered injury that requires emergency air ambulance service we will reimburse the member up to the maximum amount of \$4,000.

Accidental Death & Dismemberment: If a covered family member's injury results in a loss, as defined in your certificate of coverage, within one year after the accident causing the loss, we will pay benefits as described in your certificate of coverage for loss of life. Also benefits for loss of limb and sight are shown in the schedule of benefits.

Select Benefit Services Association Discount and Services

The Following are Included with All Four Options

CAR PRICING: • Car leasing, purchasing and referral service • This service is available for new and late-model used cars

CAR RENTAL: • Includes USA, Canada and Europe

LONG DISTANCE: • Great Savings • 24-Hours per day/7 days per week

SHOPPING SPREE: • Over 120 gift items to choose from • Up to \$1,000 in merchandise and services

FLOWERS & GIFT BASKETS: • Includes flowers, gourmet baskets, sweet treats and more

TRAVEL: • Includes car rentals, cruises and more

HOTEL/MOTEL: • Hotel, motel and resort chains nationwide

RV AND MOTORCYCLE RENTAL AND SALES: • Save on motor home and motorcycle rentals • Members can also purchase new and used brand name motor homes, campers, trailers and vans

GROCERY COUPONS: • Stretch your grocery dollars • Enjoy savings with coupons good nationwide

MOVING SERVICES: • Trained planner will help members with their residential, business or office move

FITNESS HEALTH: • Save on national brand exercise equipment • Includes stair climbers, exercise bikes, rowing machines and more

SELECT BENEFIT SERVICES ASSOCIATION ENROLLMENT FORM



Check one.

24 - Hour Accident Plan Options:

- Option 1: \$59.95 per month (Individual or Family)
 Option 3: \$39.95 per month (Individual or Family)
 Option 2: \$49.95 per month (Individual or Family)
 Option 4: \$29.95 per month (Individual or Family)
(Includes \$9.95 Monthly Membership Dues)

Member

Last Name	First	Initial
Social Security #	Age (Max. 69)	Date of Birth
Address	City	State Zip Code
E-mail Address for fulfillment and correspondence		

Family Member

(List spouse (maximum age 69) and dependent children to age 19 or full time student under age 26)

Name:	Last	First	Middle (Required)	Age	Date of Birth	Relationship
Beneficiary:						

I agree to the terms and conditions of SBSA Membership as listed on the reverse side of this form.

X _____ Date _____

Member Signature

GTL AUTHORIZATION TO HONOR CHECKS, SHARE DRAFTS, OR ACCOUNT DEBITS

Name of Depositor as it appears on Banking Institution Records

Account Number	Routing/Transit number	Name of Banking Institution	Branch
Address	City	State	Zip

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 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.

Signature of Depositor	Date	Additional Signature (if joint account)	Date
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Payment Options (Check One)

- Monthly Bank Draft
 Monthly List Bill (4 or more)
Billing will be in 15 days before due date

Make Payment to GTL

Representative: (print name) _____

Representative Number: _____

Mail policy to:	<input type="checkbox"/> Agent	<input type="checkbox"/> Insured
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Terms and Conditions

The Select Benefit Services Association (SBSA) is a membership organization committed to providing members high quality, innovative and money saving benefits and services. Membership privileges include the right to participate in all programs offered or sponsored by SBSA.

Member hereby requests enrollment in the Select Benefit Services Association. Member understands that membership dues include the insurance premium. Member also understands that membership dues are non-refundable.

Member hereby appoints SBSA, president, or failing this person, a SBSA 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 SBSA, to the same extent and with the same powers as if the undersigned member were present at the meeting. Said proxy is to continue for a period of (1) year from date and is hereby renewed from year to year until this proxy is cancelled by writing delivered to the association.

EXCLUSIONS

(The following exclusions apply only to insurance benefits provided by Guarantee Trust Life Insurance Company)

The Certificate does not provide benefits for:

- Treatment, services or supplies which:
- Are not Medically Necessary;
- Are not prescribed by a Doctor as necessary to treat an Injury;
- Are determined to be Experimental/Investigational in nature.
- Are received without charge or legal obligation to pay;
- Are received from persons employed or retained by the Policyholder or any Family Member, unless otherwise specified.
- Are not specifically listed as Covered Charges in this Certificate.
- Injury by acts of war, whether declared or not.
- Injury received while traveling or flying by air, except as a fare paying passenger on a regularly scheduled commercial airline.
- Suicide, attempted suicide or intentionally self inflicted Injury while sane.
- Hernia, any type, regardless of cause or slipped femoral capital epiphysis or pathological fracture.
- Injury sustained while committing or attempting to commit a felony.
- Loss resulting from being legally intoxicated or under the influence of alcohol as defined by the laws of the state in which the Injury occurs.
- Loss resulting from intoxication; or the use of any drug or agent classified as narcotic, psycholytic, psychedelic, hallucinogenic, or having a similar classification or effect, unless prescribed by a Doctor.
- Injury sustained while participating in or practicing for any professional, intercollegiate sports activity, except as specifically provided.
- Injury sustained flying in an ultra light, hang gliding, parachuting or bungi-cord jumping, by flight in a space craft or any craft designed for navigation above or beyond the earth's atmosphere.
- Injury which occurs while the Insured is on active duty service in any armed forces.
- Covered Charges incurred outside of the United States or its possessions, unless such Covered Charges are incurred while the Covered Person is on a trip of not more than 90 days.

Insurance Underwritten by Guarantee Trust Life Insurance Company: Policy Form 6P-1200

THIS BROCHURE IS AN ILLUSTRATION, NOT A CONTRACT. FOR COMPLETE DETAILS OF ALL PROVISIONS, PLEASE READ YOUR CERTIFICATE CAREFULLY. NOT ALL BENEFITS MAY BE AVAILABLE IN EVERY STATE.

G·T·L

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SBSA
Select Benefit Services Association