



TAPPWORKS

TAPP - TRUCKERS' ACCIDENT PROTECTION PLAN

This TAPP is not a policy of Workers' Compensation insurance. The employer does not become a subscriber to the Workers' Compensation system by purchasing this policy and, if the employer is a non-subscriber, the employer loses those benefits which would otherwise accrue under the Workers' Compensation laws. The employer must comply with the workers' compensation Workers' Compensation law as it pertains to non-subscribers and the required notifications that must be filed and posted.

Administered by:



Marketed by:



Underwritten by:



TAPP

Trucking firms help to drive our national economy forward, yet face occupational risks that require protection in the event of an on-the-job accident.

Underwritten by Madison National Life Insurance Company, Inc., this occupational accident insurance plan, called TAPP, provides an effective and flexible method to protect your business.

Since three distinct plans are available to choose from, finding a plan that best fits your coverage needs and budget is easy.

TAPP offers a wide range of benefits, including:

- Accidental Death and Dismemberment Insurance
- Accident Medical and Dental Expense Insurance
- Accident Weekly Indemnity Insurance
- Expanded coverage for occupational disease, cumulative trauma and occupational hernia is included, subject to policy limits



IN THESE BUDGET CHALLENGING
TIMES, SMART TEXAS TRUCKERS'
CHOOSE TAPP - TRUCKER'S
ACCIDENT PROTECTION PLAN
WITH DIFFERENT OPTIONS
TO FIT YOUR BUDGET.

Madison National Life Insurance Company, Inc. is rated A- (Excellent) for financial strength by A.M. Best Company Inc., a widely recognized rating agency that rates insurance companies on their relative financial strength and ability to meet policyholder obligations. (An A++ rating from A.M. Best is its highest rating.)

OCCUPATIONAL ACCIDENT COVERAGE

Accident Medical and Dental Expense Benefit

- Choice of \$1,000 or \$2,500 individual deductible, per injury
- Pays up to amount selected for covered medical expenses due to a covered injury when incurred within 104 weeks of the injury
- Pays usual, reasonable and customary charges for covered physicians' fees, prescribed medical and/or surgical services and supplies, and hospital charges
- Benefits for ambulance services, manipulation therapy, and mental and nervous conditions are limited
- Pays up to \$400 per tooth, \$5,000 per injury for covered dental expenses.

Accident Weekly Indemnity Insurance

- Pays a maximum of \$500 per week for up to 104 weeks, not to exceed 70% of base salary
- Payable if worker is unable to perform the material and substantial duties of his own job due to a covered injury, and under the care of a Physician.
- Payments begin after 7-day Elimination Waiting period.

Accidental Death & Dismemberment

- \$100,000 payable for covered loss of life
- \$100,000 payable for covered loss or loss of use of both hands, feet, sight in both eyes, speech and hearing
- \$50,000 payable for covered loss or loss of use of one limb, sight in one eye, speech or hearing
- Reduced benefits payable for covered losses of fingers or toes.

ADDITIONAL COVERAGE

Occupational Hernia Benefit

This benefit pays covered medical expenses and weekly income benefits up to \$25,000 maximum when the occupational hernia arises solely out of and in the course of employment and meets ALL of the following criteria: 1) sudden onset with 2) sudden pain and 3) sudden swelling and 4) results from a direct injury and 5) does not result from a condition that previously existed.

Cumulative Trauma Benefit

This benefit pays for covered medical expenses, and weekly income benefits same as any other benefit when damage to the physical structure of the body results from repetitious physically traumatic activities that occur solely while the employee is performing the duties of his or her regular job. Cumulative Trauma includes repetitive motion disorders, overuse disorders and Carpal Tunnel Syndrome.

Occupational Disease Benefit

This benefit pays covered medical and dental expenses, and weekly income benefits same as any other benefit when a disease caused solely from the performance of the employee's regular duties results in damage or harm to the physical structure of the body. It includes other diseases or infections that naturally result from the work-related disease. It does not include ordinary diseases to which the general public is exposed outside of the employee's regular duties.

Rehabilitation Benefit

This special benefit encourages return to work by continuing to provide weekly income benefits after the disabled employee returns to part-time work (up to 17.5 hours per week) during a recovery period. The policy will pay the difference between the part-time pay received by the recovering employee and 100% of pre-disability pay up to the amount of coverage purchased.

LOSS	BENEFIT PAYABLE
Loss of Life	100%
Loss of Both Hands	100%
Loss of Both Feet	100%
Loss of Sight of Both Eyes	100%
Loss of One Hand and One Foot	100%
Loss of One Hand and Sight of One Eye	100%
Loss of One Foot and Sight of One Eye	100%
Loss of Speech and Hearing in Both Ears	100%
Loss of Use of Both Arms	100%
Loss of Use of Both Legs	100%
Loss of Use of One Arm and One Leg	75%
Loss of One Hand	50%
Loss of One Foot	50%
Loss of Sight of One Eye	50%
Loss of Speech	50%
Loss of Hearing in Both Ears	50%
Loss of Use of One Arm or One Leg	50%

ELIGIBILITY

If your company: is a motor carrier; has been in business for at least one year; has elected to non-subscribe to the Texas Workers' Compensation system; and your company is not: a seasonal agricultural hauler; a company hauling toxic waste, explosive or hazardous material, nor logging; you are eligible to participate in TAPP. Your active employees at least age 14 and less than age 70 are eligible for coverage.

UNDERWRITING, PREMIUM CALCULATION AND RATE GUARANTEE

Please refer to Underwriting Guidelines in How to Apply section for requirements relating to applying for coverage based on loss history and the number of workers enrolling.

TAPP premiums are calculated on a per-person, per-month basis. Refer to the TAPP Guide for details.

Initial premiums are due on the policy effective date. There is a 12-month initial rate guarantee. Insurance will lapse if the premium is not paid by the end of the 31-day grace period. TAPP premiums must be paid entirely by the employer.

PRE-ADMISSION CERTIFICATION REQUIREMENTS

The policy will pay covered charges equal to 100% of usual, reasonable and customary charges. The first \$500 or 50%, whichever is less, of covered hospital inpatient charges will not be paid unless all Pre-Admission Certification requirements have been met. For a scheduled inpatient admission, pre-certification is required no less than 3 days prior to the admission, or within 24 hours for an emergency admission.

WAIVER OF PREMIUM

If the employee is totally disabled and unable to work, premiums for the disabled employee will be waived and coverage will remain in effect for as long as the disability lasts.

OCCUPATIONAL DISEASE, CUMULATIVE TRAUMA AND OCCUPATIONAL HERNIA

A 180-day Elimination Period must be satisfied before coverage begins and benefits are limited to 12 weeks for occupational disease and cumulative trauma, and 6 weeks for occupational hernia.

LIMIT OF LIABILITY

The policy's limit of liability for any one accident is \$2,000,000 for all employees.

PLAN EXCLUSIONS

BENEFITS WILL NOT BE PROVIDED FOR ANY INJURY OR LOSS RESULTING FROM:

- Suicide, committing or attempting to commit an assault or felony, engaging in an illegal occupation, war or act of war, or participating in the military, riot or insurrection
- Commuting to and from work or driving in a speed contest or testing any vehicle on a track or speedway
- Being intoxicated or taking any detectable amount of any narcotic, barbiturate, or hallucinatory drug, unless administered on the advice of a Physician and taken in accordance with the prescribed dosage
- Participating in organized competitive athletic events, other than social functions sponsored by the employer
- Charges for medical care that are: a) not medically necessary or experimental in nature, b) received or claimed under Workers' Compensation or similar law, or c) rendered by a family member
- Any Accident that occurred prior to the effective date or after the termination date under the policy and benefits payable in excess of the policy limits.
- Hemorrhoids
- Any Re-injury or Degenerative Condition with the exception of: (a) the first \$10,000 of benefits payable (combined maximum for Accident Medical and Dental Expense and Accident Weekly Indemnity Benefits) for such condition; and (b) Accident Weekly Indemnity Benefits which begin, or Covered Expenses which are incurred, after the date the Insured has been covered under the Policy for 24 consecutive months, or the end of a period of 12 consecutive months during which there are no medical expenses or treatment in connection with such condition.

IMPORTANT NOTICE: The information provided here is only a summary of the occupational accident insurance provided under Group Policy form number G-OCCACC-P-0816. Refer to the Policy for complete details including all benefits, exclusions and limitations of coverage.

HOW TO APPLY

Only licensed agents may submit business.

1. Confirm the employer is eligible for coverage.
Call your General Agent for assistance.
2. Select the desired Deductible, and the Accident Medical and Dental Expense Benefit amount.
3. Complete the Application for Coverage and Owner/Officer Waiver, Contract Labor and Employee Census Form.
4. Include a check for the first month's premium made payable to: NORTH AMERICAN BENEFITS COMPANY (NABCO).
Be sure to include the correct administrative fee for the mode of payment you select, including the one-time policy setup fee. Both charges are indicated on the rate sheet. Please complete the Agreement for Electronic Funds Transfer if premiums will be paid electronically.
5. Premiums are based on the number of employees actively at work on the effective day of the policy.
6. Application must be received by the General Agent prior to the effective date.
7. Do not cancel or change any existing coverage until you are notified in writing that we have accepted the group for coverage.

UNDERWRITING GUIDELINES

For employers enrolling fifteen (15) or fewer workers with zero losses in the past three (3) years, please complete and submit an Application for Coverage for approval. In some instances, additional underwriting information may be required.

For employers (regardless of size) with one or more losses in the past three (3) years or employers enrolling more than fifteen (15) workers, coverage must be underwritten and approved by Madison National Life Insurance Company, Inc.

Loss history must be verifiable.

WHAT'S THE COST?

Your premium depends on the plan selected and the classification of your employees.

TAPP Rates

Medical Plan Limit	Per Insured, Per Month					
	\$1,000 Deductible			\$2,500 Deductible		
	\$300,000	\$500,000	\$1,000,000	\$300,000	\$500,000	\$1,000,000
Class I - Clerical Administrative Management Employees	\$18.00	\$21.00	\$22.00	\$14.00	\$17.00	\$18.00
Class II - Mechanics / Warehouse Employees	\$68.00	\$71.00	\$75.00	\$55.00	\$58.00	\$61.00
Class III - Drivers	\$125.00	\$130.00	\$135.00	\$100.00	\$102.00	\$110.00

Rate effective as of January 2017