

24-hour Accident & Sickness Short-term Disability Benefit

Covers you 24 hours per day - even while you're at work.

Up to \$3,500 per month for both on-the-job and off-the-job injuries for short term disability.

Coverage begins after either 15 or 30 days of a covered sickness or accident on the STD plan. Long Term Disability is available. Please call for quote

Optional Coverage

Optional, additional, accident benefits are available to include accident coverage for 33 different treatment expenses. These benefits are paid in addition to your disability benefits.

Buy With Confidence

- Your benefits are paid directly to you.
- Your rates have an annual rate guarantee.
- Railroad Marketing will provide you with claims assistance in the event you become disabled.
- Railroad Marketing has been working with railroaders and their families for over 60 years.
- This is group insurance. This plan is sponsored through Railroad Worker Benefit Foundation, a foundation dedicated to helping railroad families in times of crisis.

Plan Sponsor:
Railroad Worker Benefit Foundation
1382 E. Nichols Ave • Centennial, CO 80122

Railroad Marketing Specialists is an independent insurance general agency working exclusively with railroaders and their families. Since we are independent, we can offer you insurance coverage from some of the largest insurance carriers in the country using insurance products that will best fit the needs of railroaders.

For life, cancer or additional disability insurance to meet your own individual needs, please call Railroad Marketing and we will be pleased to provide you with all the information you need to customize your own insurance program.

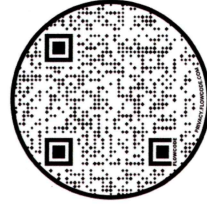


Railroad Marketing
Insurance Services

888-646-9951

866-646-9951

www.railroadmarketing.com
P.O. Box 787 • Santa Clara, Utah 84765



SCAN ME
TO FILL OUT FORM

This brochure is not the contract and is only intended to be a brief, general description of coverage available. Benefits described are a combination of policies from multiple companies and have limitations. For costs and complete details of coverage, contact Railroad Marketing.

DISABILITY PROTECTION

and CREW VAN COVERAGE

Can you live on your basic railroad benefits? PROBABLY NOT!



Short Term Disability & Crew Van Coverage

- Choose up to \$3,500 (\$807 weekly) in short term disability benefit, with no offsets.
- Plan pays in addition to Railroad Sickness Benefit (RUIA), for the first year.
- Disability coverage is 24/7. On or off the job, for sickness or accident.
- Optional accident benefits pays you cash for ER visits, hospital stays, ambulance visit, physical therapy, etc...
- Crew Van coverage provides \$500,000 in accidental death and \$250,000 in commuting to and from work.

RATES & PLANS MONTHLY/BI-MONTHLY • 24-HOUR COVERAGE

Short Term Benefits		MONTHLY/BI-MONTHLY RATE 24 Hour Coverage 30 DAY ELIMINATION PERIOD/12 MONTH BENEFIT PERIOD (1 Year)					
COVERAGE	\$ 1,000.00	\$ 1,500.00	\$ 2,000.00	\$ 2,500.00	\$ 3,000.00	\$ 3,500.00	
Age 18-49 Monthly	\$ 77.00	\$ 113.00	\$ 150.00	\$ 187.00	\$ 224.00	\$ 260.00	
BI-MONTHLY RATE	\$ 38.50	\$ 56.50	\$ 75.00	\$ 93.50	\$ 112.00	\$ 130.00	
Age 50-64 Monthly	\$ 101.00	\$ 148.00	\$ 195.00	\$ N/A	\$ N/A	\$ N/A	
BI-MONTHLY RATE	\$ 50.50	\$ 74.00	\$ 97.50	\$ N/A	\$ N/A	\$ N/A	

MONTHLY/BI-MONTHLY RATE 24 Hour Coverage 30 DAY ELIMINATION PERIOD/24 MONTH BENEFIT PERIOD (2 Year)						
COVERAGE	\$ 1,000.00	\$ 1,500.00	\$ 2,000.00	\$ 2,500.00	\$ 3,000.00	\$ 3,500.00
Age 18-49 Monthly	\$ 107.00	\$ 159.00	\$ 212.00	\$ 263.00	\$ 316.00	\$ 365.00
BI-MONTHLY RATE	\$ 53.50	\$ 79.50	\$ 106.00	\$ 131.50	\$ 158.00	\$ 182.50
Age 50-64 Monthly	\$ 158.00	\$ 235.00	\$ 310.00	\$ N/A	\$ N/A	\$ N/A
BI-MONTHLY RATE	\$ 79.00	\$ 117.50	\$ 155.00	\$ N/A	\$ N/A	\$ N/A

Rates are available for a 14 day elimination period.

Crew Van Coverage

Benefit Amount

- \$500,000 Accidental Death Benefit is paid while being transported.
- \$250,000 Accidental Death Benefit is paid while your commute in your personal vehicle between home and work.
- \$550 Weekly Benefit is paid with a maximum benefit period of 26 weeks if you are disabled due to a van accident or personal vehicle while commuting between home and work

Rate \$8.50 per month

Benefits Are Received Tax Free

Premiums for the disability coverage are waived while you are receiving benefits after 90 days. Pre-existing conditions are covered after 12 Months of continuous coverage if not specifically excluded.*

Payroll deductions are available on most railroads. Benefits are paid twice monthly.

To learn how to protect your financial future contact us for your personal consultation:



**Railroad Marketing
Insurance Services**

888-646-9951
866-646-9951
RailRoadMarketing.com

OPTIONAL ACCIDENT BENEFITS

Cost: Add \$18 monthly or \$9 twice monthly Family Options Available

Accidental death	\$40,000
Common carrier death	\$100,000
Dismemberment	up to \$40,000
Fractures or Dislocations	up to \$4,000
Lacerations	\$50
Named Injuries Requiring Surgery	up to \$1,000
Burns	up to \$500
Paralysis	up to \$15,000
Inpatient Hospital Confinement <i>(Admitted to a hospital for 24 hours or more, up to 90 days per covered accident)</i>	\$200 per day
Intensive Care Unit (ICU) <i>(Up to 90 days per covered accident)</i>	\$400 per day
Initial Hospitalization Confinement	\$1,000
Medical Expense	\$500
Transportation <i>(More than 100 miles from site of accident or insured's residence, three trips per calendar year per insured)</i>	\$400
Family Lodging <i>(One hotel room for an immediate family member for up to 30 days if insured is confined more than 100 miles from residence)</i>	\$100 per day
Physician's Follow-up Office Visits <i>(Includes two visits per covered accident, per insured)</i>	\$30 per visit
Physical Therapy <i>(Eight visits per covered accident, per insured)</i>	\$30 per visit
Ambulance Benefit Ground: Air:	\$200 \$600
Hospital Admission Benefit <i>(Must be obtained within three years of the covered accident, maximum benefit per device per insured per covered accident)</i>	\$500

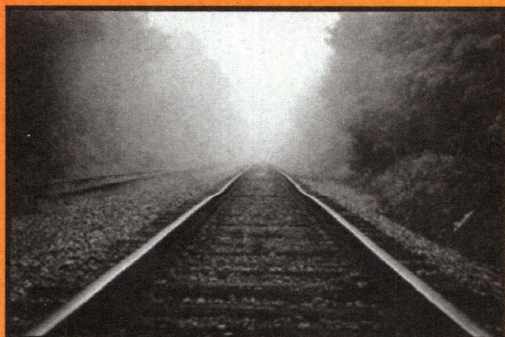
A total of 33 benefits are included in the accident benefit rider. Reference your policy to see complete details of coverages, including exclusions and limitations.

*See policy for pre-existing condition limitations and exclusions.

Voluntary Term Life Insurance

PROTECTION FOR THE ONES YOU LOVE

With the support of your union
Railroad Marketing offers term life at affordable group rates.

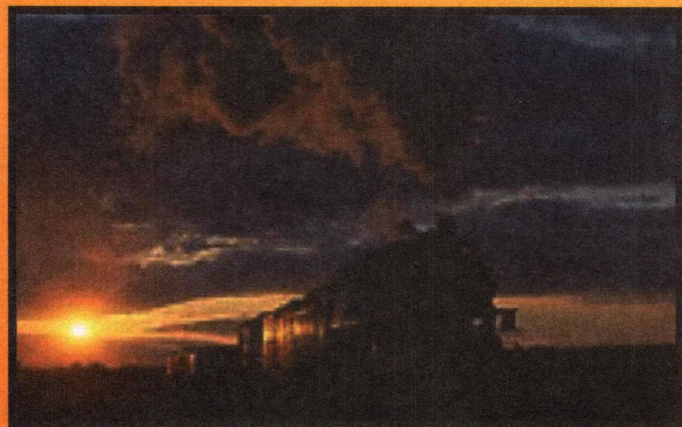


The plan's many valuable features include:

- Choose up to \$200,000 of term-life coverage with guaranteed coverage regardless of health during open enrollment as long as you are actively working for the railroad
- Coverage available for your spouse and dependent children
- Easy enrollment
- Premiums paid through convenient payroll deductions
- Coverage remains with you until age 85* as long as the group policy remains in force

Plan contains exclusions and limitations, see policy for complete details

Age Reduction Formula: When you turn 65, your Death Benefit will decrease to 65% of the original benefit. It will decrease to 50% when you turn 70; to 25% when at age 75 and will terminate at age 85. The spouse and covered dependent benefits will also decrease at the same rate and time as your coverage.



GLM-01317 Rev. 03/2022

Enroll any of these 3 ways...

1. Call 888-646-9951 to enroll by phone.

OR

2. Go to www.railroadmarketing.com to enroll "Click" **Learn More/Enrollment**, then "Click" the Term Life Enrollment Tab and follow the instructions on completing and submitting the application online.

OR

3. Complete the enclosed application, print, sign and return it to;

Derek Donatiu
Railroad Marketing Derek@railroadmarketing.com
PO Box 911630 Account Executive
St George, Utah 84791 828-335-3747

OR Fax it back to (435) 688-1338

Choose amounts from

\$50,000, \$100,000, \$150,000 or \$200,000

\$20,000 Spousal Coverage

\$10,000 Dependent Child Coverage

NO MEDICAL QUESTIONS asked during open enrollment (under age 70) for amounts \$200,000 or less

Employee Cost

\$50,000 Death Benefit

\$22.00 Monthly
(\$11.00 per Pay Period)

\$100,000 Death Benefit

\$42.00 Monthly
(\$21.00 per Pay Period)

\$150,000 Death Benefit

\$62.00 Monthly
(\$31.00 per Pay Period)

Spouse Cost

\$20,000

\$8.00
(\$4.00 per Pay Period)

Child Cost

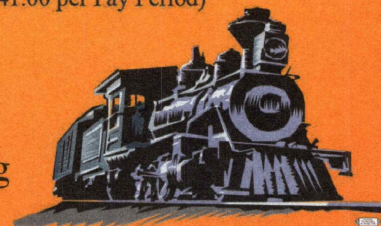
\$10,000

\$2.00
For all children
(\$1.00 per Pay Period)

\$200,000 Death Benefit

\$82.00 Monthly
(\$41.00 per Pay Period)

Marketed by:
Railroad Marketing
888-696-9951



CRITICAL ILLNESSES HAPPEN MORE OFTEN THAN YOU THINK

In the United States:

- **About Every 34 Seconds** Someone Suffers a Heart Attack.
- **Every 40 Seconds** Someone Suffers a Stroke.
- **Over a lifetime**, Nearly 50% of Men Will be Diagnosed with Some Form of Cancer.
- **The lifetime cancer risk for women** is More Than 1-in-3.

Derek Donatiu
828-335-2747

Account Executive
Derek@railroadmarketing.com

CRITICAL ILLNESS AT A GLANCE

Benefits:

Category 1	Category 2	Category 3
<ul style="list-style-type: none"> ■ Invasive Cancer (100%) ■ Invasive Cancer - diagnosis prior to 90 days of in force coverage (10%)* ■ Cancer In Situ (25%) ■ Cancer In Situ - diagnosis prior to 90 days of in force coverage (2.5%)* 	<ul style="list-style-type: none"> ■ Heart Attack (100%) ■ Heart Transplant (100%) ■ Stroke (100%) ■ Angioplasty (25%) ■ Aortic Surgery (25%) ■ Coronary Artery Bypass Surgery (25%) ■ Heart Valve Replacement/Repair Surgery (25%) 	<ul style="list-style-type: none"> ■ Coma (100%) ■ End-Stage Renal Failure (100%) ■ Major Organ Transplant, other than heart (100%) ■ Paralysis (100%)

*No additional benefits will be paid if diagnosis or treatment in first 90 days. Percentages shows payout of chosen benefit amount.

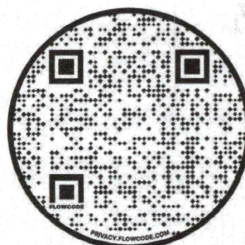
**If you have had a listed critical illness diagnosis, you will not be eligible for that listed benefit of the policy.

Choose a benefit amount from \$5,000 to \$30,000

Employee & Spouse Rate

Benefit Amount	Monthly	Payroll Deduction Twice Monthly
\$ 5,000.00	\$ 9.50	\$ 4.75
\$ 10,000.00	\$ 16.00	\$ 8.00
\$ 15,000.00	\$ 22.50	\$ 11.25
\$ 20,000.00	\$ 29.00	\$ 14.50
\$ 25,000.00	\$ 35.50	\$ 17.75
\$ 30,000.00	\$ 42.00	\$ 21.00

SCAN ME
TO FILL OUT FORM

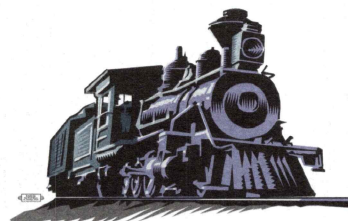


Optional Disability Protection Rider⁺

If you are totally disabled for more than 30 days due to a diagnosis of one of the above categories, for each 30 day period you continue to be totally disabled, we will pay the monthly Disability Protection Benefit of \$1,500 up to a maximum benefit of \$18,000. This will cost an additional \$8.70 per month (\$4.35 twice monthly)

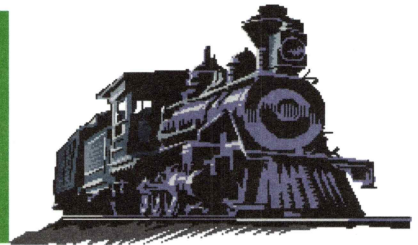
Coverage is Guaranteed Issue – NO Health questions asked during open enrollment. **

+ Also known as Mortgage Protection Rider



FLEX CARE - Plan Highlights

Voluntary Group Hospital Indemnity Insurance



RAILROAD MARKETING SPECIALIST

888-646-9951

Derek Donatiu

828-335-3747

Account Executive

Derek@railroadmarketing.com

COVERAGE

Voluntary hospital indemnity insurance provides a range of fixed, lump-sum daily benefits to help cover costs associated with a hospital admission, including room and board costs. These benefits are paid directly to the insured following a hospitalization that meets the criteria for benefit payment.

ELIGIBILITY

All Active Full-Time Employees working 30 hours or more per week.

Dependents: You must be insured for your Dependents to be covered. Dependents are:

- ▶ Your legal spouse or domestic partner. Spouse must be under age 70 at date of application.
- ▶ Your dependent children from birth to 26 years.

FEATURES

- ▶ Guaranteed issue; no medical questions
- ▶ No pre-existing conditions exclusions
- ▶ Mental & Nervous and Substance Abuse treated same as any other hospital admission
- ▶ No deductibles
- ▶ Eligible for continuation of coverage

BENEFITS

Hospital Room & Board Benefits

Room & Board Benefit per Day (365 Daily Benefits per Coverage Year)*	\$300
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Hospital Critical Care Unit Benefits

Critical Care Unit Benefits per Day (365 Daily Benefits per Coverage)	\$400
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Hospital Admission Benefit

Two Daily Benefits per Coverage Year	\$1,500
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Hospital Critical Care Admission Benefit

One Daily Benefit per Coverage Year	\$2,000
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Nursery Admission Benefit

One Daily Benefit per Coverage Year	\$200
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Nursery Unit Benefit

Ten Daily Benefits per Coverage Year	\$50
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Wellness Care**

One Daily Benefit per Coverage Year	\$50
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Non-Insurance Services

On-Call Travel Assistance	Included
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**In no event will the Daily Benefits exceed 365 daily benefits per Coverage Year.*

***Wellness Care means medical examinations and procedures that are preventive in nature and not for the treatment of Injury or Sickness.*

PREMIUM

Coverage	Monthly Premium	Twice Monthly
Employee	\$ 42.00	\$ 21.00
Employee & Family	\$ 128.00	\$ 64.00

RAILROAD MARKETING SPECIALISTS serving railroaders disability needs for 55 years.

Visit www.railroadmarketing.com or Call 888-646-9951 for more info

RELIANCE STANDARD
LIFE INSURANCE COMPANY

RS-FLEX-11-222

This Plan Highlight is not a complete description of the insurance coverage. Insurance is provided under group policy form LRS-9537, et al. This is not a binding contract. Should there be a difference between this Plan Highlight and the contract, the contract will govern. The Certificate of Coverage will be made available to you that describes the benefits in greater detail; however a benefit will not be paid if caused or contributed by an exclusion listed in the Certificate.

Reliance Standard Life Insurance Company is licensed in all states (except New York), the District of Columbia, Puerto Rico, the U.S. Virgin Islands and Guam. In New York, insurance products and services are provided through First Reliance Standard Life Insurance Company, Home Office: New York, NY. Product features and availability may vary by state.

Crew Van Coverage

Derek Donatiu
Account Executive
828-335-3747
Derek@railroadmarketing.com

Plan Highlights

Crew Van Disability Benefit

- \$550 of Weekly Benefit not to exceed 75% of Annual Base Salary for a Maximum Period of 26 weeks with a 15 day Elimination Period. Also pays while *commuting to and from home* in your personal vehicle.
- Benefit is tax free
- Guaranteed Enrollment for any eligible Member, no medical questions asked
- Coverage applies while riding in a private van or taxi not owned by the railroad
- Benefit is paid weekly
- Does not offset by any Group Insurance Plan, Individual Coverage or Sick Benefits

Crew Van Death Benefits

- \$500,000 Accidental Death Benefit
- \$250,000 Accidental Death Benefit if accident occurs while *commuting to and from home* in your personal vehicle

This is a summary of benefits only. For a complete description of benefits and limitations, refer to the policy booklet.

Monthly Premium: \$8.50 (Crew Van Only)

Payroll deduction is available on most railroads

Optional 24 Hour Accident Benefits

Accidental Death	\$40,000	Exploratory Surgery with no Surgical Repair	\$500
Dismemberment	Up to \$40,000	Eye Surgery	\$100
Dislocation or Fracture	Up to \$4,000	General Anesthesia	\$100
Initial Hospitalization Confinement	\$1,000	Blood and Plasma	\$300
Hospital Confinement	\$200/day	Appliance	\$125
Intensive Care	\$400/day	Medical Supplies	\$500
Ambulance	\$200 Regular Ambulance \$600 Air Ambulance	Accident Follow-Up Treatment	\$50/day
Medical Expenses	Up to \$500		
Outpatient Phys. Treatment	\$50/each visit		
Paralysis	\$7,500 Paraplegia \$15,000 Quadriplegia		
Coma with Respiratory Assistance	\$10,000		
Open Abdominal or Thoracic Surgery	\$1,000		
Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery	\$500		

Optional Accident Benefits premiums per pay period:

- \$9 for employee (\$18 monthly)
- Add family* \$13.45 (\$26.90 monthly)
- Add Spouse only* \$7.94 (\$15.88 monthly)
- Add Children only \$9.43* --all children are 1 rate (\$18.86)

* Employee must also elect coverage

This is a summary of benefits only. For a complete description of benefits and limitations, refer to the policy booklet.

Railroad Marketing Insurance Services

888-646-9951

www.railroadmarketing.com

Payroll deduction is available on most railroads

Life • Disability • Cancer



ENROLLMENT FORM

Crew Van "Dead Head" Coverage

Enrollment Choices:

(please circle)

Crew Van Coverage (\$8.50 per month) Yes / No

Accident Plan (\$9 per pay) Yes / No

Add Spouse Yes / No Add Children Yes / No

Member Name (Please print) _____

Home Address _____

City _____ **State** _____ **Zip** _____

Phone Number _____ **Social Security #** _____

Railroad _____ **Employee ID #** _____

Annual Income last year (including all overtime) _____

Occupation _____ **Date of Hire** _____ **Sex** _____

Height _____ **Weight** _____ **Date of Birth** _____

Beneficiary _____ **Relationship** _____

E-mail address _____ **Effective Date of Coverage** _____

Dependent Information

(only if applying for family coverage)

Last Name / First	Relationship	Sex M/F	Date of Birth

I wish to enroll in the Crew Van Coverage Plan with Railroad Marketing Specialists and authorize my employer to make the necessary payroll deduction.

Signature _____ **Date** _____

Mail the completed form to:
Railroad Marketing Specialists
PO Box 787
Santa Clara UT 84765

SCAN ME
TO FILL OUT FORM



Or Fax the completed form to: (435) 688-1338

07/09/2021



Applicant's Full Legal Name:		Employment Status: <input checked="" type="checkbox"/> Active <input type="checkbox"/> Retired	
Applicant's Social Security Number:	Date of Birth:	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Applicant's Home Address:	Applicant's City, State, Zip Code:	Employer:	Employee ID#:
Applicant's Telephone Number: Cell () -	Applicant's E-mail Address:	Employed Full-Time: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Height	Weight	Tobacco? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you authorized to work and reside in the US? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

COVERAGE BEING APPLIED FOR: Apply for each desired coverage listed below. Not checking boxes will be considered a declination of that coverage.

Short Term Disability: Yes No

Benefit Amount \$ _____ Benefit Period (Months) _____ Elimination Period (Days) _____

Optional Accident Benefits: Yes No Add spouse? Yes No Add children? Yes No

Crew Van Protection Yes No

Employee Voluntary Term Life: Yes No \$ _____ Employee Critical Illness: Yes No \$ _____ MP

Spouse Voluntary Term Life: Yes* No Spouse Critical Illness: Yes No Height _____ Weight _____

Child Voluntary Term Life: Yes* No Number of children _____ Child Critical Illness: Yes No

Flex Care Hospitalization: Yes No Add Family? Yes No

*****Please list spouse and children on the last page*****

For Term Life Coverages, identify your Beneficiary Designation to ensure proceeds can be paid according to your wishes.

Name of Primary Beneficiary:	Percentage:	Relationship:	Date of Birth:
Name of Contingent Beneficiary:	Percentage:	Relationship:	Date of Birth:

- I hereby apply for the requested group life and/or disability insurance coverage for which I and my dependents, if any, are eligible and available under LFG's policy. I understand receipt of any coverage greater than the guaranteed issue amount or application for coverage after the approved enrollment period first requires medical underwriting and written approval by LFG.
- I authorize my employer to deduct from my wages the amount of premium required for the amount of coverage approved by LFG, including any premium increases due to age bracket or salary changes when applicable. Premium payments greater than the amount of premium owed will not result in additional coverage under LFG's policy.
- The undersigned represents any information or documents provided to LFG by the undersigned prior to and after the date of the application for insurance and the facts and other matters contained in the foregoing are true and accurate to the best of the undersigned's knowledge and belief. **The undersigned understands and agrees 1. any insurance coverage or benefit are contingent upon any statements made to LFG as being complete and correct and 2. benefits under any group life or disability insurance policy will be paid only if LFG or its third party administrator decides in its discretion the applicant is entitled to them. The undersigned have read, understand, and retained the notices, limitations, and exclusions for his/her records.**
- Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

Signature of Applicant: _____ Date: _____

Group Policy #:	Class # :	Employer: Railroad Worker's Benefit Foundation	Occupation:	Employer's State:
Salary:	Annually	Eligibility Date:	Date Hired Full Time:	

Fax Application to: 435-688-1338 or Mail to: Railroad Marketing PO Box 911630 St. George UT 84791

Railroad Marketing Specialist, LLC Salary Deduction Authorization

By: _____
 Name of Employee (Print)

1st Half Deduction \$ _____ Admin fee applies

Employee # _____ Railroad _____

2nd Half Deduction \$ _____ per pay period

I apply for insurance through Railroad Marketing Specialist (RMS). I hereby authorize MY EMPLOYER to deduct from my wages earned each half of the month the premiums due on my policies in the amount so instructed by RMS and transmit the sums deducted to RMS. I further authorize MY EMPLOYER to appropriately adjust the amounts deducted from my wages based on subsequent notification from RMS. I agree that insurance will not become effective until the first of the month after a full months premium has been deducted from my wages and underwriting approval from the insurance carrier. I authorize the increase of future premiums as it applies to my policy(ies), if applicable.

I understand and agree that RMS is not in any way affiliated with MY EMPLOYER; that MY EMPLOYER has no control over the management or operation of RMS; and that MY EMPLOYER has no responsibility for the application, use or handling by RMS of the wages deducted pursuant to this authorization and transmitted to RMS. This authorization can only be canceled by written notice to either RMS or to the Payroll Deduction Department of MY EMPLOYER. However, I understand that it may take MY EMPLOYER two pay periods to modify or cancel any deductions previously authorized by me after MY EMPLOYER's receipt of my written cancellation notice.

I also understand that the payroll deduction by MY EMPLOYER is being done solely for my convenience and that the products and services being offered by RMS are not any type of employee benefits being offered or recommended by MY EMPLOYER; that MY EMPLOYER does not require or encourage my participation in the purchase of such products or services; that the MY EMPLOYER does not endorse or sponsor RMS's products or services and that such products and services are not considered by ERISA plan of MY EMPLOYER.

Signature _____ Phone# _____ Date _____

Dependent Information

(only if applying for family coverage)

Last Name / First	Relationship	Sex M/F	Date of Birth

RWF Application

I would voluntarily desire to join Railroad Worker Benefit Foundation and become a railroader helping railroaders. I understand my dues will be deducted from my paycheck along with premium deductions from Railroad Marketing Specialist, LLC.

I hereby also agree to indemnify and hold My Employer, RWBF and RMS harmless from any and all liability or damages I and my heirs may incur which in any way relate to amounts deducted or not deducted from my wage by My Employer.

Signature _____ Date _____