

**Chandler**  
4040 W. Ray Rd., Ste. 2  
Chandler, AZ 85226

**Gilbert**  
2743 S. Market St., Ste.103  
Gilbert, AZ 85295

**Goodyear**  
790 N. Estrella Pkwy., Ste. C  
Goodyear, AZ 85338

**Mesa**  
4126 E. Valley Auto Dr.  
Mesa, AZ 85206

**Paradise Valley**  
4046 E. Greenway Rd.  
Phoenix, AZ 85032

**Peoria**  
7422 W. Thunderbird Rd.  
Peoria, AZ 85381

**Phoenix**  
742 E. Glendale Ave.  
Phoenix, AZ 85020

**Prescott**  
1781 E. Hwy 69, Ste. 45  
Prescott, AZ 86301

**Scottsdale**  
14740 N. Northsight Blvd., Ste. 102  
Scottsdale, AZ 85260

**Sun City West**  
19802 R.H. Johnson Blvd., Ste. 141  
Sun City West, AZ 85375

**Tucson East**  
8204 E. Broadway Blvd.  
Tucson, AZ 85710

**Tucson West**  
6950 N. Oracle Rd.  
Tucson, AZ 85704

**Visit AAA.com for  
office hours and directions.**

## WHO IS ELIGIBLE?

The Accident Medical Plan is available to active paid members of AAA Arizona.

## FOUR EASY WAYS TO ENROLL

1. Enroll online at AAA.com.
2. Enroll by phone at 800-952-4320.
3. Enroll at your local AAA office location.
4. Fill out the enclosed form and include with your membership renewal.

## BENEFIT AMOUNTS

### Benefits of AAA Arizona's Accident Medical Plan (AMP):

Medical Benefit Amount:	\$1,200
AD&D Benefit Amount:	\$5,000
Annual Premium:	\$ 7

### Underwriter:

National Union Fire Insurance  
Company of Pittsburgh

## NEED TO MAKE AN AMP CLAIM?

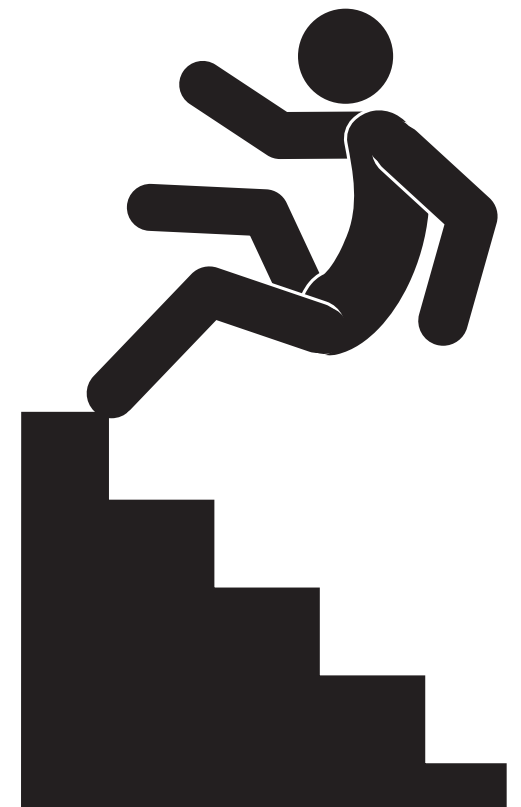
### Write to:

Tena L. Beal, Manager  
tenab@nahga.com

NAHGA Claim Services  
P.O. Box 189-88 Main Street  
Bridgton, Maine 04009

Call 800-952-4320 or log onto AAA.com

# Accident Medical Plan



THERE WHEN YOU NEED US MOST



## WHAT IS AAA ACCIDENT MEDICAL PLAN?

The AAA Accident Medical Plan provides coverage to AAA Arizona members engaged in a wide variety of travel and sporting activities.

## WHAT ARE COVERED ACTIVITIES?

Covered activities included:

- Riding as a driver or passenger of any automobile or truck with a factory-rated gross vehicle weight over 8,000 pounds that is personally owned and is licensed non-commercial;
- Riding as a paying passenger on a non-chartered common carrier or oceangoing liner;
- Being struck by a motor-driven or animal-drawn vehicle as a pedestrian or while riding a bicycle on a public street or highway;
- Being involved in the wrecking of a motor-driven farm machine or implement while operating it in the performance of farm duties;
- Hunting in a field or being accidentally shot;
- Being struck by a golf ball or club as a player or spectator on a golf course;
- Ice skating, snow skiing, snowboarding or water skiing;
- Swimming at a public beach or pool while a lifeguard is on duty;
- Engaged in non-commercial fishing or boating;
- Being struck by a baseball as a spectator at an organized professional baseball game;
- Dining as a sit-down customer on the premises of an eatery as a paying customer of the eatery.

## WHAT ARE THE BENEFITS?

The AAA Accident Medical Plan provides \$5,000 of Accidental Death and Dismemberment as well as \$1,200 Accident Medical Benefits for covered losses.

## WHAT MEDICAL EXPENSES ARE COVERED?

Reasonable and customary charges for:

- Professional ambulance service to or from a hospital and/or surgical center;
- Hospital or surgical center care;
- Medical treatment;
- Nursing care provided by a licensed nurse;
- X-rays and lab exams;
- Prescription drugs and therapeutic services and supplies;
- Dental treatment as a result of injury to sound, natural teeth;
- The following licensed home health care agency services and supplies provided instead of an otherwise required hospital or skilled nursing home confinement:
  - Physical, occupational, respiratory, and speech therapy;
  - The services of a home health aide;
  - Medical supplies.

**THIS POLICY PROVIDES LIMITED ACCIDENT INSURANCE ONLY. THIS POLICY DOES NOT PROVIDE COVERAGE FOR LEGAL LIABILITY. IT DOES NOT PROVIDE BASIC HOSPITAL, BASIC MEDICAL OR MAJOR MEDICAL INSURANCE. DESCRIPTION OF COVERAGE IS AVAILABLE FOR REVIEW AT AAA.COM.**

## WHAT IS THE ANNUAL COST?

The AAA Accident Medical Plan costs only \$7.00 per member, per year.

## WHAT ARE THE LIMITATIONS?

The policy will not pay benefits for expenses incurred for:

- The examination, prescription, purchase or fitting of eyeglasses, contact lenses, or hearing aid;
- Treatment by a person employed or retained by the plan sponsor or its subsidiaries or affiliated subsidiaries and for which no charge is normally made;
- Care or treatment by a person who ordinarily lives in the insured's home or is a parent, grandparent, spouse, sibling or child of either the insured or the insured's spouse.

The plan does not cover any loss caused in whole or in part by, or resulting in whole or in part from, the following:

1. Suicide or any attempt at suicide or intentionally self-inflicted injury, while sane, or autoeroticism;
2. Sickness, disease, mental incapacity or bodily infirmity, whether the loss results directly or indirectly from any of these;
3. The insured's commission of or attempt to commit a crime;
4. The insured being under the influence of intoxicants while operating any vehicle or means of transportation.

The AAA Accident Medical Plan will contain new limitations, exclusions and termination provisions. If a statement in this description of coverage and any provisions in the policy differ, or if any point is not covered in this document, the policy will govern.

## ENROLL TODAY!

1. Indicate below the member(s) to be covered.
2. Add \$7 for each member to the amount due on your membership renewal statement.
3. Complete, sign and return this application with your renewal statement and payment (if you choose to enroll by mail).

Please add #\_\_\_\_ associate(s) at \$7.00 each to my membership.

I have enclosed a check for \$ \_\_\_\_\_

Membership Number \_\_\_\_\_

Primary Member \_\_\_\_\_

Associate Member \_\_\_\_\_

Associate Member \_\_\_\_\_

Associate Member \_\_\_\_\_

## METHOD OF PAYMENT

Visa  MasterCard  Amex  Discover

Check/Money Order Enclosed

Sorry, no cash, partial payment or post-dated checks.

\_\_\_\_\_  
NAME ON CREDIT CARD

\_\_\_\_\_  
CREDIT CARD NUMBER

\_\_\_\_\_  
EXPIRATION DATE

\_\_\_\_\_  
SIGNATURE

