

## To Enroll in the ASA Travel Accident Plan

To enroll, simply list the names of all persons you would like to cover under this plan. The cost is \$5.00 for each person to be insured.

Complete the enrollment form in this brochure, and then mail it with your check made payable to "Bollinger." Coverage will become effective either on January 1st or the date after postmark on your enrollment form and check, whichever is later.

If you have any questions about this or any other ASA Insurance Plan, please contact Bollinger at:

## Plan Administrator

ASA and Bollinger have teamed up since 1965 to offer a comprehensive plan of Softball Insurance coverages to the members of ASA. Year after year, Bollinger continues to provide quality programs underwritten by large, financially stable insurance companies with "A" ratings from A.M. Best's Rating Service. For further information, please contact Bollinger's ASA Insurance Team.



# ASA Travel Accident Insurance Plan

## \$250,000 Benefit

### Contact Bollinger at:

PO Box 390, 101 JFK Parkway  
Short Hills, NJ 07078-0390

Toll free: 1-800-526-1379

Fax: 1-973-921-2876

Web: [www.BollingerASA.com](http://www.BollingerASA.com)

*This plan is underwritten by: Life Insurance Company of North America/CIGNA  
Bollinger is licensed in all states. Bollinger's California license # is 0274666.*

### Plan Administrator:

**Bollinger**  
*Insurance Since 1876*

# ASA Travel Accident Plan

## The Plan

This Group Insurance Program is available to Commissioners and Local ASA Associations to cover the following personnel:

- 9 District Commissioners
- 9 Deputy Commissioners
- 9 Umpires-in-Chief
- 9 Deputy Umpires-in-Chief
- 9 League Officers
- 9 Volunteer Workers
- 9 ASA Player Representatives
- 9 Tournament Officials
- 9 Other Key ASA Officials

## The Cost

The cost of this plan is only \$5.00 per covered person per year.

## Coverage and Benefits

This plan provides coverage for the named insureds on a 24-hour basis per day while traveling on ASA business. The benefits are:

Accidental Death and Dismemberment	\$250,000
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# Coverage Details

## Effective Date

Coverage goes into effect on January 1st or on the date after postmark on your application and check, whichever is later. Coverage terminates on January 1st of the following year.

## Coverage Restrictions

Coverage is in effect only while traveling away from home or away from your normal place of ASA business. Coverage is only provided for trips authorized by ASA or by your Local ASA Association. Coverage does not include commuting to and from work.

The policy coverage begins at the actual start of the trip, whether from home, work or other location, and ends when the insured person arrives back at his or her home or place of work, whichever occurs first. Coverage will also end if the insured makes a personal deviation, meaning an activity that is not reasonably related to the ASA business and is not incidental to the business trip.

## Aircraft Restrictions

Coverage applies only while the insured is a passenger in an aircraft that has a valid certificate of airworthiness and the aircraft is flown by a pilot with a valid license. Coverage does not apply to owned aircraft or to airplane trips for purposes other than business transportation.

*This is only a brief description of the coverages, conditions and exclusions of the policy. For complete details, please refer to the actual policy on file with the ASA, 2801 NE 50th Street, Oklahoma City, OK 73111.*

# ASA Travel Accident Plan Enrollment Form

Local ASA Assoc: \_\_\_\_\_

Commissioner's Name: \_\_\_\_\_

Street: \_\_\_\_\_

Town: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: (    ) \_\_\_\_\_

Fax: (    ) \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Names of Enrollees

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_

(Use Additional Sheets if Necessary)