

Great Coverage for You and Your Spouse at the Same Low Cost!

Working full or part time? Taking it slow? Traveling, gardening? Remember that: You may have home, renters, auto, boat or life insurance; but in the event of an unexpected loss of income or increased expenses which may cause hardship, **do YOU have accidental injury benefits?**

WE'VE GOT YOU COVERED!

On or Off the Job • Vacation or Play • Work or Home
7 Days per Week • 24 Hours per Day • 365 Days per Year

**NO PHYSICAL • NO WAITING PERIOD • NO AGE LIMIT(S)
TAX FREE BENEFITS PAID DIRECTLY TO YOU**

ADVANTAGE PLAN

PAYS **\$24 EACH DAY**
OF DISABILITY FROM A COVERED ACCIDENT.
\$24,000 DEATH BENEFIT
CAUSED BY EXTERNAL ACCIDENT.*

ALL AT A COST OF
ONLY \$3.00 PER PAY PERIOD
(GROUP DISCOUNT RATE)
OR
ONLY \$3.50 PER PAY PERIOD
(NON-GROUP DISCOUNT RATE)

LUMP SUM PAYMENTS

Loss of one finger.....	\$ 2,000
Loss of a thumb.....	\$ 3,000
Loss of two or more fingers.....	\$ 4,000
Loss of one thumb and one or more fingers.....	\$ 6,000
Loss of sight of one eye.....	\$ 12,000
Loss of sight, both eyes.....	\$ 24,000
Loss of one arm.....	\$ 6,000
Loss of both arms.....	\$ 24,000
Loss of one leg.....	\$ 8,000
Loss of both legs.....	\$ 24,000
Loss of one arm & one leg.....	\$ 24,000

VALUE PLAN

PAYS **\$12 EACH DAY**
OF DISABILITY FROM A COVERED ACCIDENT.
\$6,000 DEATH BENEFIT
CAUSED BY EXTERNAL ACCIDENT.*

ALL AT A COST OF
ONLY 75¢ PER PAY PERIOD
(GROUP DISCOUNT RATE)
OR
ONLY \$1.25 PER PAY PERIOD
(NON-GROUP DISCOUNT RATE)

LUMP SUM PAYMENTS

Loss of one finger.....	\$ 500.00
Loss of a thumb.....	\$ 750.00
Loss of two or more fingers.....	\$ 1,000
Loss of one thumb and one or more fingers.....	\$ 1,500
Loss of sight of one eye.....	\$ 3,000
Loss of sight, both eyes.....	\$ 6,000
Loss of one arm.....	\$ 1,500
Loss of both arms.....	\$ 6,000
Loss of one leg.....	\$ 2,000
Loss of both legs.....	\$ 6,000
Loss of one arm & one leg.....	\$ 6,000

IMMEDIATE MEMBERSHIP APPLICATION

MAIL APPLICATION TO: APW-ABA P.O. BOX 120 ROCHESTER, NH 03866

Member Name Social Security # Employee ID# Date of Birth

Spouse (if applying for coverage of spouse) Social Security # Date of Birth

Street Address City State Zip Code

APWU Local Address

Check where applicable: Value Plan - (APWU Member) Value Plan - (Spouse)
 Advantage Plan - (APWU Member) Advantage Plan - (Spouse)

(Spouse should complete if applying for membership)

APWU MEMBER BENEFICIARY

SPOUSE BENEFICIARY

RELATIONSHIP OF BENEFICIARY

RELATIONSHIP OF BENEFICIARY

ADDRESS

ADDRESS

APWU MEMBER SIGNATURE

DATE

SPOUSE SIGNATURE

DATE

**IF YOU HAVE ANY QUESTIONS,
CALL 800-526-2890**

apw-aba.org

**MONDAY THRU FRIDAY
8:00 AM – 4:00 PM EST**

Family Benefit provision included at no extra cost!

The Value Plan and Advantage Plan include a two thousand dollar accidental death benefit for the non-member spouse of an APW-ABA member. In addition, a two thousand dollar accidental death benefit is provided for the APW-ABA member's unmarried dependent children up to and including the age of 26.

Advantage Plan Restrictions

Disabilities of the spine and muscle system limited to 90 days (lifetime) except herniated, ruptured or fractured disc 180 days (lifetime).
Disability caused by hernia repair limited to \$600.
*Disability or death caused by fracture (to the hip) limited to \$3,000.

Value Plan Restrictions

Disabilities of the spine and muscle system limited to 90 days (lifetime) except herniated, ruptured or fractured disc 180 days (lifetime).
Disability caused by hernia repair limited to \$400.
*Disability caused by fracture (to the hip) limited to \$1,500.
*Death caused by fracture (to the hip) limited to \$3,000.

***CONSULT SPD**

Group Accidental Death & Dismemberment Insurance is underwritten by
Sun Life and Health Insurance
175 Addison Rd., Windsor, CT 06095

ABA PLUS APPLICATION FOR MEMBERSHIP

Member's Full Name: _____ Social Security #: _____

Member's Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ APWU Local: _____

Beneficiary: _____ Relationship: _____

(PLEASE CHECK ONE)

- Yes, I would like to increase my ABA Accidental Death Benefit to **\$20,000** at a cost of only \$.35 per pay period. I understand this will be added to my current ABA dues withholding.
- Yes, I would like to increase my ABA Accidental Death Benefit to **\$30,000** at a cost of only \$.45 per pay period. I understand this will be added to my current ABA dues withholding.
- Yes, I would like to increase my ABA Accidental Death Benefit to **\$40,000** at a cost of only \$.60 per pay period. I understand this will be added to my current ABA dues withholding.
- Yes, I would like to increase my ABA Accidental Death Benefit to **\$50,000** at a cost of only \$.75 per pay period. I understand this will be added to my current ABA dues withholding.
- Yes, I would like to increase my ABA Accidental Death Benefit to **\$75,000** at a cost of only \$1.13 per pay period. I understand this will be added to my current ABA dues withholding.
- Yes, I would like to increase my ABA Accidental Death Benefit to **\$100,000** at a cost of only \$1.50 per pay period. I understand this will be added to my current ABA dues withholding.
- Yes, I would like to increase my ABA Accidental Death Benefit to **\$125,000** at a cost of only \$1.90 per pay period. I understand this will be added to my current ABA dues withholding.
- Yes, I would like to increase my ABA Accidental Death Benefit to **\$150,000** at a cost of only \$2.25 per pay period. I understand this will be added to my current ABA dues withholding.

Date: _____

Member's Signature

COMPLETE THIS SECTION TO ENROLL YOUR SPOUSE:

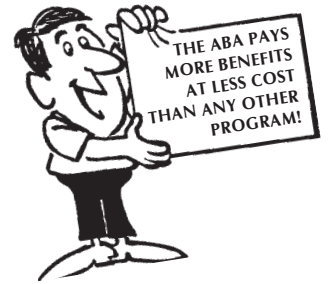
Spouse's Full Name: _____ Date of Birth: _____ Social Security #: _____

Beneficiary: _____ Relationship: _____

- Yes, I would like to increase my spouse's ABA Accidental Death Benefit to **\$20,000** at a cost of only \$.35 per pay period. I understand this will be added to my current ABA dues withholding.
- Yes, I would like to increase my spouse's ABA Accidental Death Benefit to **\$30,000** at a cost of only \$.45 per pay period. I understand this will be added to my current ABA dues withholding.
- Yes, I would like to increase my spouse's ABA Accidental Death Benefit to **\$40,000** at a cost of only \$.60 per pay period. I understand this will be added to my current ABA dues withholding.
- Yes, I would like to increase my spouse's ABA Accidental Death Benefit to **\$50,000** at a cost of only \$.75 per pay period. I understand this will be added to my current ABA dues withholding.
- Yes, I would like to increase my ABA Accidental Death Benefit to **\$75,000** at a cost of only \$1.13 per pay period. I understand this will be added to my current ABA dues withholding.
- Yes, I would like to increase my ABA Accidental Death Benefit to **\$100,000** at a cost of only \$1.50 per pay period. I understand this will be added to my current ABA dues withholding.
- Yes, I would like to increase my ABA Accidental Death Benefit to **\$125,000** at a cost of only \$1.90 per pay period. I understand this will be added to my current ABA dues withholding.
- Yes, I would like to increase my ABA Accidental Death Benefit to **\$150,000** at a cost of only \$2.25 per pay period. I understand this will be added to my current ABA dues withholding.

EFFECTIVE DATE OF COVERAGE: Coverage is effective the first day ABA Plus assessments are received in our office. An ABA Plus Certificate will be sent to you advising you of your effective date.

WHAT IS **ABA PLUS** ?



ABA PLUS IS AN ACCIDENTAL DEATH BENEFIT AVAILABLE ONLY TO MEMBERS OF THE ACCIDENT BENEFIT PLAN. WHEN YOU ENROLL IN THE **ABA PLUS** PLAN, YOU WILL CONTINUE TO RECEIVE THE BENEFITS YOU NOW RECEIVE AS A MEMBER OF THE VALUE PLAN OR ADVANTAGE PLAN. YOU MAY CHOOSE THE **ABA PLUS** AS A SEPARATE BENEFIT OR IN CONJUNCTION WITH EITHER THE VALUE OR ADVANTAGE PLAN.

EXAMPLE OF ADDITIONAL COVERAGE YOU WILL RECEIVE:

IF YOU ARE A MEMBER, OR SPOUSE OF A MEMBER, OF THE VALUE PLAN OR ADVANTAGE PLAN AND ELECT TO ENROLL IN THE ABA PLUS COVERAGE, YOUR ACCIDENTAL DEATH BENEFIT OF \$6,000 (VALUE PLAN) OR \$24,000 (ADVANTAGE PLAN) WILL BE INCREASED TO THE AMOUNT YOU SELECT (\$20,000, \$30,000, \$40,000, \$50,000, \$75,000, \$100,000, \$125,000 OR \$150,000).

ANY QUESTIONS? PLEASE CALL THE ABA OFFICE AT 1-800-526-2890 OR WRITE TO US AT APW-ABA, P.O. BOX 120, ROCHESTER, NH 03866.



Scan for access to our website

A M E R I C A N P O S T A L W O R K E R S

APW ★ **ABA**

A C C I D E N T B E N E F I T A S S O C I A T I O N