

ABA Application for Active APWU Members

YOU'RE COVERED!

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

NO PHYSICALS • NO WAITING PERIODS • NO AGE RESTRICTIONS
 • **TAX FREE BENEFITS PAID DIRECTLY TO YOU**

ADVANTAGE PLAN

PAYS \$28 EACH DAY
 OF DISABILITY FROM A COVERED ACCIDENT.
\$24,000 DEATH BENEFIT
 CAUSED BY EXTERNAL ACCIDENT.*

ALL AT A COST OF
ONLY \$3.12 PER PAY PERIOD
 (GROUP DISCOUNT RATE)
 OR
ONLY \$3.62 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 \$16 EACH DAY
 OF DISABILITY FROM A COVERED ACCIDENT.
\$6,000 DEATH BENEFIT
 CAUSED BY EXTERNAL ACCIDENT.*

ALL AT A COST OF
ONLY 87¢ PER PAY PERIOD
 (GROUP DISCOUNT RATE)
 OR
ONLY \$1.37 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



A M E R I C A N P O S T A L W O R K E R S
APW ABA
 ACCIDENT BENEFIT ASSOCIATION

apw-aba.org

1-800-526-2890

ABA Application for Active APWU Members

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

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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 and/or herniated, ruptured or fractured disc limited to 365 days (lifetime).
Disability caused by hernia repair limited to \$800.
*Disability or death caused by fracture (to the hip) limited to \$3,000.

Value Plan Restrictions

Disabilities of the spine and muscle system and/or herniated, ruptured or fractured disc limited to 365 days (lifetime).
Disability caused by hernia repair limited to \$500.
*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