

# **ABA PLUS PLAN** (ACCIDENTAL DEATH BENEFIT) **APPLICATION FOR ACTIVE APWU MEMBERS**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Beneficiary: \_\_\_\_\_ Relationship: \_\_\_\_\_

## LEVEL OF ACCIDENTAL DEATH BENEFITS COVERAGE (PLEASE CHECK ONE)

- \$20,000      \$.35 per pay period
- \$30,000      \$.45 per pay period
- \$40,000      \$.60 per pay period
- \$50,000      \$.75 per pay period
- \$75,000      \$1.13 per pay period
- \$100,000     \$1.50 per pay period
- \$125,000     \$1.90 per pay period
- \$150,000     \$2.25 per pay period

----- Date: -----

Member's Signature

## **COMPLETE THIS SECTION TO ENROLL YOUR SPOUSE:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Beneficiary: \_\_\_\_\_ Relationship: \_\_\_\_\_

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- \$75,000      \$1.13 per pay period
- \$100,000     \$1.50 per pay period
- \$125,000     \$1.90 per pay period
- \$150,000     \$2.25 per pay period

----- Date: -----

Spouse's Signature

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.

