

## 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**

### VALUE PLAN

**\$16 EACH DAY**  
 OF DISABILITY FROM A COVERED ACCIDENT.  
**\$6,000 DEATH BENEFIT**  
 CAUSED BY EXTERNAL ACCIDENT.\*

#### DISMEMBERMENT 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

### ADVANTAGE PLAN

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

#### DISMEMBERMENT 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 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.

#### 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.

### 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.

### PLUS PLAN

<b>\$20,000 ACCIDENTAL DEATH COVERAGE</b>	<b>\$9.10 ANNUALLY</b>
<b>\$30,000 ACCIDENTAL DEATH COVERAGE</b>	<b>\$11.70 ANNUALLY</b>
<b>\$40,000 ACCIDENTAL DEATH COVERAGE</b>	<b>\$15.60 ANNUALLY</b>
<b>\$50,000 ACCIDENTAL DEATH COVERAGE</b>	<b>\$19.50 ANNUALLY</b>

The Plus Plan may be purchased as a standalone benefit or may be combined with either the Value or Advantage Plans.

Members have the option to pay their Value plan and/or Advantage plan assessments quarterly, semi-annually or annually by check, money order, ACH or by credit card.

# Retiree Application for ABA Membership

APW Accident Benefit Association, P.O. Box 120, Rochester, NH 03866  
(603) 330-0282 www.apw-aba.org (800) 526-2890

EFFECTIVE DATE OF COVERAGE: Coverage will be effective the first day ABA assessments are received in our office. You may choose the ABA Plus as a separate benefit or in conjunction with either the Value or Advantage Plan.

## MEMBER APPLICATION

MEMBER NAME \_\_\_\_\_ SS# \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

BENEFICIARY DESIGNATION/RELATIONSHIP \_\_\_\_\_

Value Plan: \_\_\_\_\_ \$8.91 Quarterly, \_\_\_\_\_ \$17.82 Semi-Annually, \_\_\_\_\_ \$35.64 Annually

Advantage Plan: \_\_\_\_\_ \$23.55 Quarterly, \_\_\_\_\_ \$47.10 Semi-Annually, \_\_\_\_\_ \$94.20 Annually

Plus Plan: \_\_\_\_\_ \$20,000 Accidental Death Coverage for \$9.10 Annually

\_\_\_\_\_ \$30,000 Accidental Death Coverage for \$11.70 Annually

\_\_\_\_\_ \$40,000 Accidental Death Coverage for \$15.60 Annually

\_\_\_\_\_ \$50,000 Accidental Death Coverage for \$19.50 Annually

Credit Card Number \_\_\_\_\_ Name on Card \_\_\_\_\_

Expiration Date \_\_\_\_\_ CVV Code \_\_\_\_\_

MEMBER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## SPOUSE APPLICATION

SPOUSE NAME \_\_\_\_\_ SS# \_\_\_\_\_

DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

BENEFICIARY DESIGNATION/RELATIONSHIP \_\_\_\_\_

Value Plan: \_\_\_\_\_ \$8.91 Quarterly, \_\_\_\_\_ \$17.82 Semi-Annually, \_\_\_\_\_ \$35.64 Annually

Advantage Plan: \_\_\_\_\_ \$23.55 Quarterly, \_\_\_\_\_ \$47.10 Semi-Annually, \_\_\_\_\_ \$94.20 Annually

Plus Plan: \_\_\_\_\_ \$20,000 Accidental Death Coverage for \$9.10 Annually

\_\_\_\_\_ \$30,000 Accidental Death Coverage for \$11.70 Annually

\_\_\_\_\_ \$40,000 Accidental Death Coverage for \$15.60 Annually

\_\_\_\_\_ \$50,000 Accidental Death Coverage for \$19.50 Annually

Credit Card Number \_\_\_\_\_ Name on Card \_\_\_\_\_

Expiration Date \_\_\_\_\_ CVV Code \_\_\_\_\_

SPOUSE'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**Members have the option to pay their Value plan and/or Advantage plan assessments quarterly, semi-annually or annually by check, money order, ACH or by credit card.**