

## WE'VE GOT YOU 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

For **ONLY \$2.75 MONTHLY** YOU receive

**\$12 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

For **ONLY \$7.75 MONTHLY** YOU receive

**\$24 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 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.

#### 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.

### **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

**\$20,000 ACCIDENTAL DEATH COVERAGE**

**\$9.10 ANNUALLY**

**\$30,000 ACCIDENTAL DEATH COVERAGE**

**\$11.70 ANNUALLY**

**\$40,000 ACCIDENTAL DEATH COVERAGE**

**\$15.60 ANNUALLY**

**\$50,000 ACCIDENTAL DEATH COVERAGE**

**\$19.50 ANNUALLY**

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.

# Cash Pay 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: \_\_\_\_\_ \$8.25 Quarterly, \_\_\_\_\_ \$16.50 Semi-Annually, \_\_\_\_\_ \$33.00 Annually

Advantage Plan: \_\_\_\_\_ \$23.25 Quarterly, \_\_\_\_\_ \$46.50 Semi-Annually, \_\_\_\_\_ \$93.00 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: \_\_\_\_\_ \$8.25 Quarterly, \_\_\_\_\_ \$16.50 Semi-Annually, \_\_\_\_\_ \$33.00 Annually

Advantage Plan: \_\_\_\_\_ \$23.25 Quarterly, \_\_\_\_\_ \$46.50 Semi-Annually, \_\_\_\_\_ \$93.00 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.**