

# 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 \$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**

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

# 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 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

# **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: \_\_\_\_\_

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Member's Signature

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

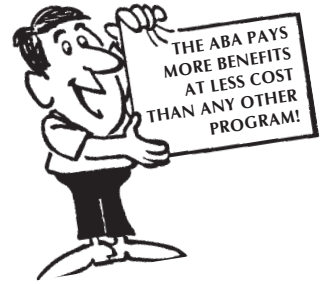
Spouse's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

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.
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- 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