

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 **\$24 EACH DAY**
OF DISABILITY FROM A COVERED ACCIDENT.
\$10,000 DEATH BENEFIT
CAUSED BY EXTERNAL ACCIDENT.*

ALL AT A COST OF
ONLY \$3.00 PER PAY PERIOD
(GROUP DISCOUNT RATE)
OR
ONLY \$3.50 PER PAY PERIOD
(NON-GROUP DISCOUNT RATE)

LUMP SUM PAYMENTS

| | |
|--|-----------|
| Loss of one finger | \$ 700.00 |
| Loss of a thumb..... | \$ 1,000 |
| Loss of two or more fingers..... | \$ 1,400 |
| Loss of one thumb and one or more fingers..... | \$ 2,000 |
| Loss of sight of one eye..... | \$ 3,000 |
| Loss of sight, both eyes | \$ 10,000 |
| Loss of one arm..... | \$ 3,000 |
| Loss of both arms | \$ 10,000 |
| Loss of one leg..... | \$ 4,000 |
| Loss of both legs..... | \$ 10,000 |
| Loss of one arm & one leg | \$ 10,000 |

VALUE PLAN

PAYS **\$12 EACH DAY**
OF DISABILITY FROM A COVERED ACCIDENT.
\$6,000 DEATH BENEFIT
CAUSED BY EXTERNAL ACCIDENT.*

ALL AT A COST OF
ONLY 60¢ PER PAY PERIOD
(GROUP DISCOUNT RATE)
OR
ONLY \$1.00 PER PAY PERIOD
(NON-GROUP DISCOUNT RATE)

LUMP SUM PAYMENTS

| | |
|--|-----------|
| Loss of one finger | \$ 350.00 |
| Loss of a thumb..... | \$ 500.00 |
| Loss of two or more fingers..... | \$ 700.00 |
| Loss of one thumb and one or more fingers..... | \$ 1,000 |
| Loss of sight of one eye..... | \$ 1,500 |
| 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 |

INSTANT DUES CHECK OFF MEMBERSHIP APPLICATION

**MAIL 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: | | | |
| <input type="checkbox"/> | Value Plan - (APWU Member) | <input type="checkbox"/> | Value Plan - (Spouse) |
| <input type="checkbox"/> | Advantage Plan - (APWU Member) | <input type="checkbox"/> | Advantage Plan - (Spouse) |

| | |
|---|--|
| <p>_____</p> <p>APWU MEMBER BENEFICIARY</p> <p>_____</p> <p>RELATIONSHIP OF BENEFICIARY</p> <p>_____</p> <p>ADDRESS</p> <p>_____</p> <p>_____</p> <p>APWU MEMBER SIGNATURE _____ DATE _____</p> | <p>(Spouse should complete if applying for membership)</p> <p>_____</p> <p>SPOUSE BENEFICIARY</p> <p>_____</p> <p>RELATIONSHIP OF BENEFICIARY</p> <p>_____</p> <p>ADDRESS</p> <p>_____</p> <p>_____</p> <p>SPOUSE SIGNATURE _____ DATE _____</p> |
|---|--|

**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 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.

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 or death caused by fracture (to the hip) limited to \$1,500.

***CONSULT SPD**

Please contact our office to find out about Whole Life and extended Accident Benefits underwritten by Unum.

Group Accidental Death & Dismemberment Insurance is underwritten by Sun Life and Health Insurance
175 Addison Rd., Windsor, CT 06095

AMERICAN POSTAL WORKERS ACCIDENT BENEFIT ASSOCIATION
P.O. BOX 120, ROCHESTER, NH 03866-0120
(800) 526-2890 • apw-aba.org

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: _____

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.

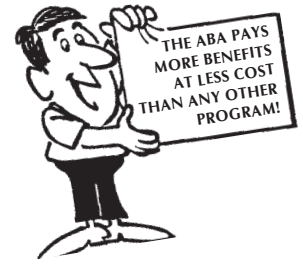
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EFFECTIVE DATE OF COVERAGE: Coverage is effective the first day ABA Plus assessments are received in our office. An ABA Plus Certificate will be sent to you advising you of your effective date.

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.

FOR \$20,000 YOU PAY ONLY 35 CENTS PER PAY PERIOD!
FOR \$30,000 YOU PAY ONLY 45 CENTS PER PAY PERIOD!
FOR \$40,000 YOU PAY ONLY 60 CENTS PER PAY PERIOD!
FOR \$50,000 YOU PAY ONLY 75 CENTS PER PAY PERIOD!
FOR \$75,000 YOU PAY ONLY \$1.13 PER PAY PERIOD!
FOR \$100,000 YOU PAY ONLY \$1.50 PER PAY PERIOD!
FOR \$125,000 YOU PAY ONLY \$1.90 PER PAY PERIOD!
FOR \$150,000 YOU PAY ONLY \$2.25 PER PAY PERIOD!

EXAMPLE OF ADDITIONAL COVERAGE YOU WILL RECEIVE:

IF YOU ARE 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 \$10,000 (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).

SPOUSE LIMITED TO \$50,000 SUPPLEMENTAL COVERAGE. IF THE MEMBER AND SPOUSE ARE BOTH ACTIVE POSTAL EMPLOYEES AND ABA MEMBERS, THEY CAN EACH OBTAIN ANY ONE OF THE PLANS, PROVIDED THEY APPLY FOR SEPARATE DEDUCTIONS ON DCO).

IF YOU HAVE ANY QUESTIONS PLEASE CALL THE ABA AT 800-526-2890 OR WRITE TO THE ABA AT P.O. BOX 120, ROCHESTER, NH 03866.

A M E R I C A N P O S T A L W O R K E R S

A P W ★ A B A

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

Please contact our office to find out about whole life and extended accident benefits underwritten by Unum!