

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: _____

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: -----
 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.

