

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

\$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.

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.