



# ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE ENROLLMENT FORM

## To Enroll:

Send this completed form with your premium check payable to:

**ADMINISTRATOR**  
MSBA GROUP INSURANCE PROGRAM  
P.O. BOX 10374  
Des Moines, IA 50306-8812

**QUESTIONS?**  
1-800-501-5776  
<http://www.msbaensure.com>

**Underwritten By:**  
ReliaStar Life Insurance Company  
Minneapolis, MN

(Please make any corrections to your full name and address printed below.)

Name: \_\_\_\_\_  
Last First MI  
Add 1: \_\_\_\_\_  
Add 2: \_\_\_\_\_  
City, St., Zip: \_\_\_\_\_

### 1. MEMBER INFORMATION

Sex  M  F

Date of Birth \_\_\_\_\_  
Mo. Day Yr.

Phone Numbers:

Home ( ) \_\_\_\_\_

Work ( ) \_\_\_\_\_

E-Mail Address \_\_\_\_\_

### 2. CHECK THE COVERAGE OF YOUR CHOICE:

Member Only  Family Plan

\$ \_\_\_\_\_

Up to \$500,000 of benefit amount in increments of \$25,000. Enter the amount of coverage desired. To find the annual premium payment of the benefit amount you have chosen, please refer to the enclosed rate chart or call Toll-Free 1-800-501-5776.

### 3. AUTOMATIC BENEFICIARY DESIGNATION FOR THE MINNESOTA STATE BAR ASSOCIATION.

Your beneficiary for death benefits will be your legal spouse if living. If you have no spouse, then your beneficiary will be your child(ren) if living, or your parents if living, or your estate, in that order. (If you wish to make other beneficiary arrangements, please complete below.) You are the beneficiary for insurance on your spouse and children, and for benefits other than death benefits.

Member beneficiary (full name) \_\_\_\_\_

Relationship to member \_\_\_\_\_

Beneficiary's address \_\_\_\_\_

### 4. READ THIS INFORMATION CAREFULLY, THEN SIGN AND DATE BELOW.

I wish to enroll in MSBA the sponsored AD&D Insurance Plan underwritten by ReliaStar Life Insurance Company. I have read and understand the conditions and exclusions as described in the enclosed brochure. I understand that coverage is effective on the first day of the month following approval provided my first premium is paid .

- To the best of my knowledge and belief, the information I've provided is complete and correct.
- I understand and agree that no coverage shall take effect unless this application is approved by ReliaStar Life and the first premium is paid in my lifetime.
- I understand my coverage begins on the "effective date" assigned by ReliaStar Life.

**Any person who knowingly and with intent to defraud, submits an application or files a claim containing any materially false or misleading information, commits a fraudulent act, which is a crime.**

Member Signature X \_\_\_\_\_ Date X \_\_\_\_\_

Group # 29063-7  
Policy Form No. HP010GP

ADD068E-MSBA

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**AUTOMATIC CHECK WITHDRAWAL REQUEST:** By selecting Automatic Check Withdrawal, your premium will automatically be withdrawn from your checking account. Please provide the information requested below.

**Checking Account**

Routing #: \_\_\_\_\_ Account #: \_\_\_\_\_

I request that you pay and charge my account debits drawn from my account by the Plan Administrator to its order. This authorization will stay in effect until I revoke it in writing. Until you receive such notice, I agree that you shall be fully protected in honoring any such debits. I also agree that you may, at any time, end this agreement by giving 30 days advanced written notice to me and to the Plan Administrator. You are to treat such debit as if it were signed by me. If you dishonor such debit with or without cause, I will not hold you liable even if it results in loss of my insurance.

**Signature of Premium Payer:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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# The Group Accidental Death and Dismemberment (AD&D) Plan for the Minnesota State Bar Association



## ACCIDENTS DO HAPPEN

No one plans to have a serious accident, so when one happens the financial consequences can be devastating.

The MSBA AD&D Plan gives you broad accident coverage, 24 hours a day, worldwide. You're covered at home, at work, on vacation, on the road, for practically every activity. See the exclusions section for more information.

The plan's benefits are competitive. The rates are affordable. So sign up yourself and your family today.

**Choose a minimum of \$50,000 to a maximum of \$500,000 in increments of \$25,000.**

This is worldwide, 24-hour-a-day coverage that pays in addition to any other insurance.

## YOU ARE GUARANTEED ACCEPTANCE

All members under age 70 will automatically be accepted into this plan. No physical exam is required. Coverage will be effective on the first of the month following receipt of your Enrollment Form and first premium payment.

## FAMILY COVERAGE

Your spouse/domestic partner and dependent children (14 days to age 25) are also guaranteed coverage. Your spouse/domestic partner benefits are 40% of the benefit amount you choose and dependent child(ren)'s benefits are 10% of your benefit. If no spouse/domestic partner coverage is elected, each dependent child's coverage is 15% of your benefit. If no child coverage is elected, your spouse's/domestic partner's benefits are 50% of your coverage.

## SAFE DRIVER BENEFIT

Your beneficiary will receive an additional 10% of benefit amount (up to \$25,000) if you have a covered fatal accident and are wearing a seatbelt at the time. This benefit will be 15% of benefit amount (up to \$40,000) if the car you were riding in or driving also had factory-installed airbags that operated properly upon impact.

## EDUCATION BENEFITS

ReliaStar Life pays an Education benefit in addition to the AD&D benefit if you die due to a covered accident. This benefit will be paid at the end of each annual period following your death to your dependent who is enrolled as a full-time student in an accredited postsecondary institution of higher learning beyond grade 12 within 365 days following the date of your death.

## CHILD CARE BENEFITS PAID TO YOUR FAMILY

ReliaStar Life pays a Child Care benefit in addition to the AD&D benefit if you die due to a covered accident, and your dependent child under age 13 years is enrolled in a licensed day care center within 90 days of your death. This benefit is paid on behalf of each eligible dependent child at the end of each annual period following your death. Benefit payments will stop if either of the following is true during the preceding annual period -

- your dependent child does not attend a licensed day care center for at least 1000 hours; or
- your dependent child is not under age 13 years for any part of that year.

## COMA BENEFIT

ReliaStar Life pays a Coma benefit if, due to a covered accident, you are in a coma. Coma benefit payments will stop when you are no longer in a coma or when maximum benefits have been paid, whichever comes first.

## COMMON CARRIER BENEFIT

Up to 50% of benefit (to a maximum of \$50,000) additional benefits are payable if the covered loss occurs while traveling as a fare-paying passenger or boarding or debarking a licensed common carrier.

## TOTAL AND PERMANENT DISABILITY

ReliaStar pays 5% of full amount (to a maximum of \$10,000) if you are totally and permanently disabled as defined in the certificate as part of a covered accident.

## TRAINING BENEFIT

Your spouse can receive an additional 5% of benefit (to a maximum of \$5,000) for attending a professional or trade training program if the cost is incurred within 30 months of your death and the training program is for the purpose of obtaining an independent source of support and maintenance.

## ELDER CARE BENEFIT

The beneficiary will receive an additional benefit amount, up to 5% of benefit (to a maximum of \$5,000) if you die due to a covered accident while an elderly relative is dependent on you for support and maintenance.

## EXPOSURE and DISAPPEARANCE BENEFIT

ReliaStar Life pays an **Exposure** benefit if:

- the loss of use of hands, feet, thumb and index finger of the same hand, or paralysis is caused by exposure to the elements, and
- is the result of a covered accident.

ReliaStar Life pays a **Disappearance** benefit if:

- you are in a conveyance, including but not limited to an automobile, airplane, ship or train, that disappears, sinks or wrecks; and
- you disappear and your body is not found, and the disappearance is the result of a covered accident; and
- a reasonable period of time, but no more than one year, has lapsed since the accident, and
- ReliaStar Life has reviewed all evidence and there is no reason to believe that you are living.

## TRANSPORTATION BENEFIT

ReliaStar Life pays an additional 2% of benefit (to a maximum of \$2,500) Transportation benefit in addition to the AD&D benefit if you die due to a covered accident that occurs at least 75 miles from your primary residence.

## BURN DISFIGUREMENT BENEFIT

ReliaStar Life pays an additional 10% of benefit (to a maximum of \$30,000) Burn Disfigurement benefit if due to a covered accident you suffer disfigurement due to burns covering at least 5% of your body.

**Burn Disfigurement** means damage to the skin or other body parts resulting in permanent scarring caused by extreme heat, flame, contact with heated objects, or chemicals.

## REHABILITATION BENEFIT

ReliaStar Life pays a **Rehabilitation** benefit of 2% up to a maximum of \$5,000 in addition to the AD&D benefit if you receive rehabilitation services due to a covered loss, subject to all the following conditions:

- Rehabilitation services must be received within 2 years of the covered accident.
- Only one maximum benefit is payable for all losses or injuries due to the same covered accident.
- No benefit is payable if you are entitled to benefits under any Workers' Compensation or similar law.

## BENEFITS FOR ACCIDENTS

Unless otherwise indicated, ReliaStar Life pays only one Full Amount for all losses and benefits while the Group Policy is in effect. The Full Amount is shown on the Schedule of Benefits in your Certificate. For example, if you have loss for which ReliaStar Life paid 50% of the Full Amount, ReliaStar Life pays no more than 50% of the Full Amount for the next loss.

### AD&D Benefit

Loss of life .....	100%
Loss of both hands, both feet or sight of both eyes .....	100%
Loss of one hand and one foot.....	100%
Loss of speech and hearing in both ears .....	100%
Loss of one hand or one foot and sight of one eye.....	100%
Quadriplegia.....	100%
Paralysis of three limbs. ....	75%
Paraplegia .....	75%
Loss of one hand or one foot or sight of one eye .....	50%
Loss of speech .....	50%
Loss of hearing in both ears .....	50%
Hemiplegia .....	50%
Loss of thumb and index finger of same hand .....	25%
Paralysis of one limb .....	25%

Loss of hands or feet means loss by being permanently, physically severed at or above the wrist or ankle. Loss of sight means total and permanent loss of sight. Loss of speech and hearing means total and permanent loss of speech and hearing. Loss of thumb and index finger means loss by being permanently, physically, entirely severed.

**Quadriplegia** means total paralysis of all four limbs.

**Paraplegia** means total paralysis of both lower limbs.

**Hemiplegia** means paralysis of one arm and one leg on the same side of the body.

Unless otherwise indicated, paralysis must be the result of a spinal cord injury which is due to an accident.

ReliaStar Life does not pay an AD&D benefit for any paralysis caused by a stroke. Paralysis must be determined by a doctor to be permanent, complete and irreversible.

Death benefits are paid to your beneficiary. Unless otherwise indicated, all other benefits are paid to you.

**DO NOT DELAY!**



Member's Benefit Amount	Member Monthly Premium Contributions	Member & Family Monthly Premium Contributions
\$50,000	\$2.70	\$3.75
\$75,000	\$4.05	\$5.63
\$100,000	\$5.40	\$7.50
\$125,000	\$6.75	\$9.38
\$150,000	\$8.10	\$11.25
\$175,000	\$9.45	\$13.13
\$200,000	\$10.80	\$15.00
\$225,000	\$12.15	\$16.88
\$250,000	\$13.50	\$18.75
\$275,000	\$14.85	\$20.63
\$300,000	\$16.20	\$22.50
\$325,000	\$17.55	\$24.38
\$350,000	\$18.90	\$26.25
\$375,000	\$20.25	\$28.13
\$400,000	\$21.60	\$30.00
\$425,000	\$22.95	\$31.88
\$450,000	\$24.30	\$33.75
\$475,000	\$25.65	\$35.63
\$500,000	\$27.00	\$37.50

Rates do not increase with age. Rates shown are guaranteed until 7/1/2019. For your convenience, you will be billed annually.

If applicable, an additional \$2 billing fee will be included on your billing notice payable to the administrator. To save the fee, select Electronic Funds Transfer (EFT) as a safe and secure payment option.

## IMPORTANT

Complete, date, and sign the Enrollment Form. Check family coverage, if desired. Return in the enclosed postage-paid reply envelope.

**Satisfaction Guaranteed:** Once you have completed and returned the Enrollment Form, you will be sent an official Certificate of Insurance. You will have a 30-day free look at the Certificate of Insurance. If you are not satisfied, for any reason, provided no claims have been submitted or paid, just return the Certificate of Insurance. You're under no obligation.

### Administered by:



**MERCER**

MAKE TOMORROW, TODAY

Mercer Consumer, a service of Mercer Health & Benefits Administration LLC  
P.O. Box 10374  
Des Moines, IA 50306-8812

### QUESTIONS?

1-800-501-5776  
<http://www.msbaensure.com>

AR Insurance License #100102691  
CA Insurance License #0G39709  
In CA d/b/a Mercer Health & Benefits Insurance Services LLC

## TERMINATION

You may maintain your Accidental Death and Dismemberment Insurance coverage until age 80, as long as the Group Policy remains in force, you remain an MSBA member, and pay your premium on time. Coverage for your dependents terminates at the earliest of: your coverage ends, you stop paying premiums, or they are no longer eligible due to change in age, dependency, or marital status, whichever occurs first.

## EXCLUSIONS

ReliaStar Life does not pay benefits for loss directly or indirectly caused by any of the following:

- Suicide or intentionally self-inflicted injury, while sane or insane.
- Physical or mental illness.
- Bacterial infection or bacterial poisoning. Exception: Infection from a cut or wound caused by an accident or accidental ingestion of a poisonous food substance.
- Any armed conflict, whether declared as war or not, involving any country or government.
- An injury suffered while in the military service for any country or government.
- An injury which occurs when you commit or attempt to commit a crime.
- Use of any drug, narcotic or hallucinogenic agent, unless prescribed by a doctor or taken as directed by a doctor or the manufacturer.
- Your intoxication. Intoxication means your blood alcohol content meets or exceeds the legal presumption of intoxication under the laws of the state where the accident occurred.

This is a summary of benefits only. A complete description of benefits, limitations, exclusions and termination of coverage will be provided in the certificate of coverage. All coverage is subject to the terms of the group policy. If there is any discrepancy between this document and the group policy documents, the policy documents will govern.

This is a paid endorsement. The MSBA receives a fee from the insurance broker and/or the insurer for its endorsement of this plan.

**Group AD&D Insurance Underwritten By:**  
ReliaStar Life Insurance Company  
Minneapolis, MN

Policy Form HP010GP

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Group # 29063-7 ADD068P-MSBA

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