



ILLINOIS STATE
BAR ASSOCIATION*

ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE ENROLLMENT FORM

To Enroll:

Send this completed form with your premium check payable to:

ADMINISTRATOR
ISBA GROUP INSURANCE PROGRAM
P.O. Box 10374
Des Moines, IA 50306-8812

QUESTIONS?

1-800-503-9230
customerservice.service@mercero.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/EMPLOYEE INFORMATION

Sex M F

Date of Birth _____
Mo. Day Yr.

Phone Numbers:

Home _____

Work _____

E-Mail Address _____

2. CHECK FOR THE COVERAGE OF YOUR CHOICE:

Member/Employee Only Family Plan

\$ _____

Up to \$500,000 for members and up to \$250,000 for employees of members, 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 1-800-503-9230.

3. AUTOMATIC BENEFICIARY DESIGNATION FOR ILLIONIS 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/Employee beneficiary (full name) _____

Relationship to member/employee _____

Beneficiary's address _____

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

I wish to enroll in the ISBA 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 with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime, and may subject such person to criminal and civil penalties, and denial of insurance benefits.

Member/Employee Signature **X** _____ Date **X** _____

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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) Insurance Plan for the Illinois 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 ISBA AD&D Plan gives you broad accident coverage. 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 for members and up to \$250,000 for employees of members, in increments of \$25,000.

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

YOU ARE GUARANTEED ACCEPTANCE

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

FAMILY COVERAGE

Your spouse/domestic partner and unmarried dependent children (less than age 23) 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/domestic partner's benefits are 50% of your coverage.

SAFE DRIVER BENEFIT

Your beneficiary will receive an additional 10% of the AD&D 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 the AD&D 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

An additional 50% of the full AD&D benefit (to a maximum of \$50,000) is 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 the full AD&D benefit (to a maximum of \$10,000) if you are totally and permanently disabled, as defined in the certificate, as the result of a covered accident.

TRAINING BENEFIT

Your spouse/domestic partner can receive an additional 5% of the AD&D 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 covered 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 the AD&D 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 the AD&D benefit (to a maximum of \$2,000) Transportation 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 the AD&D 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/Employee Monthly Premium Contributions	Member/Employee & 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. For your convenience, you will be billed annually. Rates shown are guaranteed until March 31, 2024.

IMPORTANT

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

Consider Your Eligibility

Before you request coverage, you must be a member in good standing of ISBA. You must be a member for 30 days before initiating your insurance requests.

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, and provided no claims have been submitted or paid, just return the Certificate of Insurance. You're under no obligation.

Group AD&D Insurance

Underwritten By:

ReliaStar Life Insurance Company
Minneapolis, MN

Policy Form HP09GPIL

Group# 67941-1

Administered by:



AMBA Administrators, Inc.
P.O. Box 10374
Des Moines, IA 50306-8812

QUESTIONS?
1-800-503-9230
www.isbainsuranceplans.com

Association Member Benefits Advisors, LLC.
AR Insurance License #100114462
CA Insurance License #0I96562
In CA d/b/a Association Member Benefits & Insurance Agency

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 ISBA member, and pay your premium on time. Coverage for your spouse/domestic partner and dependent children 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. For employee of member, coverage terminates the last day of the month during which the employee was last actively at work for a member.

EXCLUSIONS

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

- An accident occurring before the Effective Date of the Group Policy
- 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; accidental ingestion of a poisonous food substance.
- Riding in or descending from an aircraft as a pilot or crew member.
- Any armed conflict, whether declared as war or not, involving any country or government.
- Injury suffered occurs while in the military service for any country or government.
- 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 and 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 ISBA receives a fee from the insurance broker and/or the insurer for its endorsement of this plan.

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