

The plan offers 24-hour Group Accidental Death & Dismemberment Insurance protection against covered accidents anywhere in the world, on or off the job, on business-vacation-at home.



As a union member in good standing, you are eligible to enroll for Group Accidental Death & Dismemberment insurance in amounts of \$30,000 to \$300,000, in increments of \$30,000.

UNION MEMBER BENEFITS PLAN

Benefits for Members of the National Postal Mail Handlers Union

www.UnionMemberBenefitsPlan.com

CALL: **1-800-604-6113**

A plan that brings you comfort when you need it most

UNION MEMBER BENEFITS PLAN

Benefits for Members of the National Postal Mail Handlers Union

SEND NO MONEY...

Once coverage is effective, you will receive a Certificate of Insurance. Take up to 30 days to review it. If it does not meet your expectations you may return it without claim and we will refund any premiums paid back to the effective date.

1. Simply complete the provided **Group Accidental Death & Dismemberment Application** authorizing payroll deductions. Please make sure you complete all the information requested. An incomplete application will be returned, resulting in a delay in processing your application.
2. Send no money.
3. Return your application to: **Union Member Benefits Plan**
P.O. Box 12009
Cheshire, CT 06410

PLEASE NOTE: You must notify the Union Member Benefits Plan of any address change, employment or union membership status change, life status change (i.e., marriage, divorce, beneficiary or name change) or benefit changes requested. Notice must be in writing.

THIS INSURANCE ADVERTISED IS A GROUP ACCIDENT ONLY POLICY. IT DOES NOT PAY BENEFITS FOR LOSS CAUSED BY SICKNESS.

CALL: **1-800-604-6113**

ADMINISTERED BY:

UNION MEMBER BENEFITS PLAN

Benefits for Members of the National Postal Mail Handlers Union

Alliant Services Houston, Inc.
P.O. BOX 12009 • Cheshire, CT 06410

www.UnionMemberBenefitsPlan.com

UNDERWRITTEN BY:

NEW YORK LIFE
New York Life Insurance Company
51 Madison Avenue
New York, NY 10010

Agency Insurance License Numbers:
AR: #245147, CA: #0791700

FN51038 3M 8/16

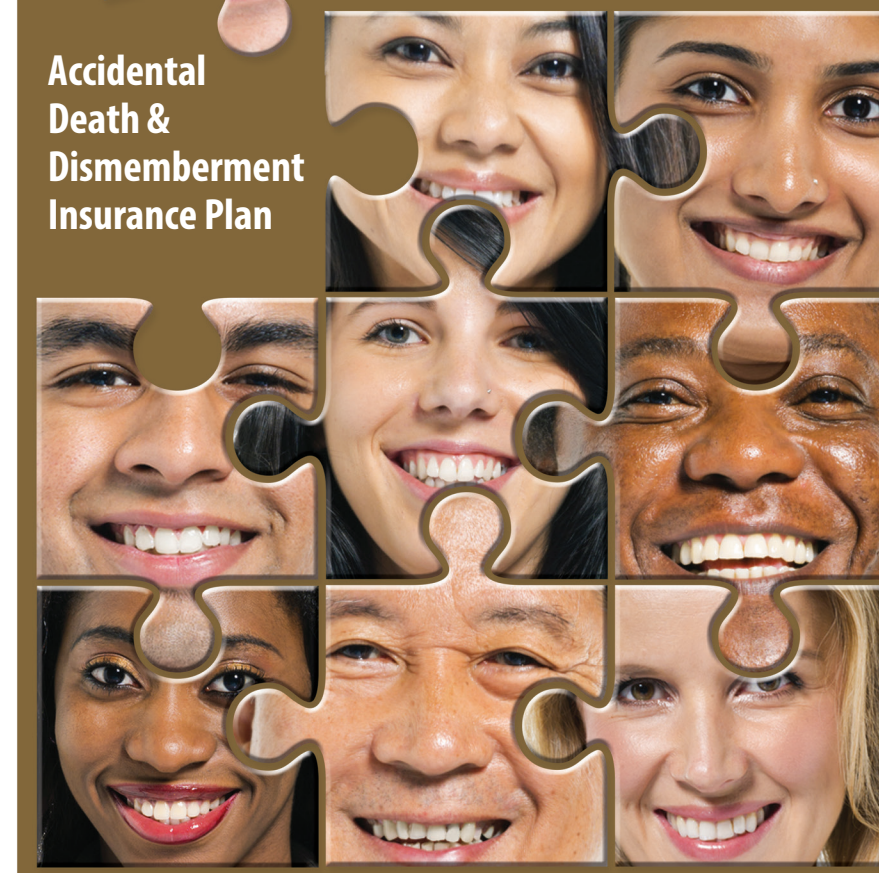
UNION MEMBER BENEFITS PLAN

Benefits for Members of the National Postal Mail Handlers Union

Group Accidental Death & Dismemberment Insurance



Accidental Death & Dismemberment Insurance Plan



Benefits that fit your insurance needs

Group Accidental Death & Dismemberment Insurance

Union Member Benefits Plan for Members of the National Postal Mail Handlers Union (NPMHU)

BENEFIT AMOUNTS AVAILABLE

As an active NPMHU Member in good standing and between the age of 18 and 80, you are eligible to enroll for Group Accidental Death & Dismemberment insurance in amounts of \$30,000 to \$300,000, in increments of \$30,000.

MEMBER ONLY PLAN

You select your Benefit Amount from the "Benefit Selection and Cost" table. You are eligible regardless of your health history.

FAMILY PLAN

If you wish to insure your eligible spouse (under age 80) and/or dependent child/ren under the Family Plan, the amount of insurance applicable to members of the family is based on the composition of the family at the time of loss and is expressed as a percentage of your Benefit Amount as follows:

1. At time of loss the family consists of Member & Spouse AND Dependent Child/ren

Member 100%
Spouse 40%
Each Child 10%
2. At time of loss the family consists of Member and Spouse but NO Dependent Child/ren

Member 100%
Spouse 50%
3. At time of loss the family consists of Member and Dependent Child/ren but NO Spouse

Member 100%
Each Child 15%

Example: The Member selects \$150,000 coverage under the Family Plan. The family consists of the Member, Spouse and Children

Member	\$150,000
Spouse	\$60,000
Each Child	\$15,000

THE COVERAGE

The plan offers 24-hour insurance protection against covered accidents anywhere in the world, on or off the job, on business-vacation-at home. While covered, bodily injuries suffered by the insured must be as a direct result and from no other cause than from the covered accident that results in loss of life. Please be sure to review the enclosed materials for more information on what is and is not covered.

DEFINITIONS

Loss of a Hand or Foot means complete Severance through or above the wrist or ankle joint.

Loss of Sight means the total, permanent loss of all vision in one eye which is irrecoverable by natural, surgical or artificial means.

Loss of Speech means total and permanent loss of audible communication which is irrecoverable by natural, surgical or artificial means.

Loss of Hearing means total and permanent loss of ability to hear any sound in both ears which is irrecoverable by natural, surgical or artificial means.

Loss of a Thumb and Index Finger of the Same Hand or four Fingers of the Same Hand means complete Severance through or above the metacarpophalangeal joints of the same hand (the joints between the fingers and the hand).

Loss of Toes means complete Severance through the metatarsalphalangeal joint.

Paralysis or Paralyzed means total loss of use of a limb. A Physician must determine the loss of use to be complete and irreversible.

Quadriplegia means total Paralysis of both upper and lower limbs.

Hemiplegia means total Paralysis of the upper and lower limbs on one side of the body.

Paraplegia means total Paralysis of both lower limbs or both upper limbs.

Uniplegia means total Paralysis of one upper or one lower limb.

Severance means the complete and permanent separation and dismemberment of the part of the body.

ADDITIONAL BENEFITS

Escalator Benefit* – Insured Member only

Child Education Benefit* – Insured Child(ren) only

Spouse Retraining Benefit* – Insured Spouse only

Seat Belt Benefit* – Insured Member and/or Family

*See Certificate for further details

EXCLUSIONS:

BENEFITS WILL NOT BE PAID FOR A LOSS CAUSED BY THE FOLLOWING:

- Intentionally self-inflicted injury, suicide or any attempt thereat while sane or insane;
- commission or attempt to commit a felony or an assault;
- commission of or active participation in a riot, insurrection or Terrorist Act;
- bungee jumping; parachuting; skydiving; parasailing; hang-gliding;
- declared or undeclared war or act of war;
- flight in, boarding or alighting from an Aircraft or any craft designed to fly above the Earth's surface, except as:
 - a fare-paying passenger on a regularly scheduled commercial or charter airline;
 - a passenger in a non-scheduled, private Aircraft used for pleasure purposes with no commercial intent during the flight;
 - a passenger in a military Aircraft flown by the Air Mobility Command or its foreign equivalent;
- travel in or on any off-road motorized vehicle not requiring licensing as a motor vehicle;
- participation in any motorized race or contest of speed;
- sickness, disease, bodily or metal infirmity, bacterial or viral infection or medical or surgical treatment thereof, except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food;
- medical or surgical treatment, diagnostic procedure, administration of anesthesia, or medical mishap or negligence, including malpractice;
- legal intoxication;
- voluntary ingestion of any narcotic, drug, poison, gas or fumes, unless prescribed or taken under the direction of a Physician and taken in accordance with the prescribed dosage;
- an accident that occurs while on active duty service in the military, naval or air force of any country or international organization. Upon our receipt of proof of service, we will refund any premium paid for this time. Reserve or National Guard active duty training is not excluded unless it extends beyond 60 days.

WHO MAY APPLY FOR THE PLAN?

You are eligible if:

- You are an active NPMHU Member in good standing under age 80
- You are actively working with your employer on a full time basis

You may also apply to insure your eligible Lawful Spouse (under age 80) and dependent Children.

"Dependent Child" is defined as your unmarried child typically from birth to age 19, (25 years if a full-time student at an accredited school or college) who lives with you and primarily relies upon you for support. (Subject to any state variations).

WHEN COVERAGE BEGINS

Your coverage will become effective on the first payday following written notification the premium is deducted from your paycheck during your lifetime. You must be actively at work on that day, otherwise coverage is effective the day you return to work. Applicable benefits for your eligible Spouse and Children will also become effective on that pay day.

YOUR CERTIFICATE OF INSURANCE:

Once insured, you will receive a Certificate of Insurance evidencing coverage which is provided under Group Policy G-29315-12/GMR-FACE (Policy form GMR). This information is only a brief description of the provisions and features of the plan. Complete terms and conditions are set forth in the group policy.

RIGHT TO CHANGE BENEFITS, RATES OR TERMINATE THE PLAN:

Changes to the group policy are subject to agreement between New York Life and the group policyholder. Rates can be changed by New York Life on any premium due date and on any date in which benefits are changed.



TERMINATION OF INSURANCE

The insurance on a Covered Person will end on the earliest date below:

- the date this Group Policy or insurance for a covered class is terminated;
- the next premium due date after the date the Covered Person is no longer eligible;
- the last day of the last period for which premium is paid;
- the next premium due date after the Covered Person attains the maximum Age (80) for insurance under this Policy;
- the next premium due date after the NPMHU Member ceases to be a Member in good standing;
- with respect to a Spouse or Dependent Child, the date of the death of the covered Member or the date of divorce from the Covered Member.

UNION MEMBER BENEFITS PLAN

Benefits for Members of the National Postal Mailers Handlers Union

ANY QUESTIONS?

Call

1-800-604-6113

2016 BENEFIT SELECTION AND COST
BI-WEEKLY COST FOR MEMBERS UNDER AGE 80*

Benefit Amount	Member Only	Family Plan
\$ 30,000	\$.52	\$.75
60,000	1.04	1.50
90,000	1.56	2.25
120,000	2.08	3.00
150,000	2.60	3.75
180,000	3.12	4.50
210,000	3.64	5.25
240,000	4.16	6.00
270,000	4.68	6.75
300,000	5.20	7.50

* Coverage terminates at age 80.

Application for GROUP ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE for Members of the National Postal Mail Handlers Union (NPMHU)

Issued through the Voluntary Benefits Plan® Insurance Trust

Complete this form and return to:
UNION MEMBER BENEFITS PLAN
P.O. Box 12009
Cheshire, CT 06410

UNION MEMBER BENEFITS PLAN

Benefits for Members of the National Postal Mailers Handlers Union

This is a request for Group Insurance from:

New York Life Insurance Company
51 Madison Avenue
New York, NY 10010



SECTION A - MEMBER INFORMATION

PLEASE PRINT IN INK OR TYPE ALL ANSWERS

Member's Name: Last Name First Middle Initial Social Security Number: _____

Home Address: _____ City _____ State _____ Zip Code _____

Home Phone: () _____ E-mail: _____

Date of Birth: (MM/DD/YYYY) Sex: ☐ Male ☐ Female Local: _____

Are you now at WORK FULL-TIME? ☐ Yes ☐ No Date of Hire: (MM/DD/YYYY) / /

Are you presently insured under any other benefit plans provided by the Union Member Benefits Plan? ☐ Yes ☐ No

If "Yes," which other plan(s) from Union Member Benefits Plan do you have? _____

SECTION B - INSURANCE REQUESTED

SELECT BENEFIT AMOUNT: (Check one) ☐ \$30,000 ☐ \$90,000 ☐ \$150,000 ☐ \$210,000 ☐ \$270,000

☐ \$60,000 ☐ \$120,000 ☐ \$180,000 ☐ \$240,000 ☐ \$300,000

COVERAGE: (Check one) ☐ Coverage for MEMBER ONLY ☐ Coverage for FAMILY - including Member, Spouse and/or eligible Children

BENEFICIARY:

Name of Beneficiary _____ Relationship _____

Home Phone: () _____ Social Security Number: _____

READ AND SIGN:

By signing and dating this application, the member **requests** the insurance indicated; and the member and any person proposed for insurance **attest** to having read the Fraud Notices indicated enclosed, and that to the best of my knowledge and belief, the answers provided to the questions are true and complete. I understand that the insurance shall become effective on the first pay-day after the premium is deducted from my pay-check and the completed enrollment form is received by the Union Member Benefits Plan during my lifetime, for covered accidents occurring after the effective date stated in my certificate.

