



## **PLEA ACCIDENTAL DEATH & DISMEMBERMENT PLAN**

### **◆ What is Accidental Death & Dismemberment (AD&D) Insurance?**

AD&D is a form of accident insurance that indemnifies or pays a stated benefit to insured or his/her beneficiary in the event of bodily injury or death due to accidental means (other than natural causes). For example, an insured's arm is severed in an accident. A predetermined schedule of payments is used to compensate the insured for this particular loss. The schedule also lists the sums payable for other parts of the body that may be lost, or for death by accident.

### **◆ Who is Eligible for this plan?**

All eligible members in good standing, of the PLEA Legal Defense Fund and their spouses age 18 or over when applying and their unmarried dependent children are eligible for coverage. Dependent children are defined as those under age 19, but children age 19 and under age 23 are eligible if they are full-time students in an accredited school, college or university and primarily dependent upon the member for support and maintenance.

### **◆ How much coverage can I purchase?**

You can purchase any amount in increments of \$50,000 up to \$300,000 for yourself and/or family.

### **◆ How will I be billed for this coverage?**

You will be billed for the coverage each year.

### **◆ When does this coverage cover me?**

This is 24 hour on or off duty worldwide coverage.

### **◆ How do I sign up?**

Select the amount of coverage you would like to purchase, then complete the Enrollment Form the back side of this form and return to our office with your payment.

### **Questions?**

**Call 1-800-248-0438, Ext. 1015**

**Scott Dickinson, Republic Underwriters, Inc.**



# AD&D FAMILY PLAN

**10% (Up to 25,000)**

**MEMBER LIMIT**

\$50,000  
\$100,000  
\$150,000  
\$200,000  
\$250,000  
\$300,000

**SPOUSE**

\$25,000  
\$50,000  
\$75,000  
\$100,000  
\$125,000  
\$150,000

**CHILD**

\$5,000  
\$10,000  
\$15,000  
\$20,000  
\$25,000  
\$25,000

**IF NO SPOUSE**

**15% (Up to 35,000)**

**MEMBER LIMIT**

\$50,000  
\$100,000  
\$150,000  
\$200,000  
\$250,000  
\$300,000

**CHILD**

\$7,500  
\$15,000  
\$22,500  
\$30,000  
\$35,000  
\$35,000

**IF NO CHILDREN**

**MEMBER**

\$50,000  
\$100,000  
\$150,000  
\$200,000  
\$250,000  
\$300,000

**SPOUSE**

\$30,000  
\$60,000  
\$90,000  
\$120,000  
\$150,000  
\$180,000

## Annual Rates

**YES, I wish to increase my Accident Protection! I want to protect: Myself  My family**

<u>Limit</u>	<u>Member Premium</u>	<u>Family Premium</u>
<input type="checkbox"/> \$50,000	\$29.00	<input type="checkbox"/> \$35.00
<input type="checkbox"/> \$100,000	\$53.00	<input type="checkbox"/> \$65.00
<input type="checkbox"/> \$150,000	\$77.00	<input type="checkbox"/> \$95.00
<input type="checkbox"/> \$200,000	\$101.00	<input type="checkbox"/> \$125.00
<input type="checkbox"/> \$250,000	\$125.00	<input type="checkbox"/> \$155.00
<input type="checkbox"/> \$300,000	\$149.00	<input type="checkbox"/> \$185.00

I am enclosing my check for the annual amount of: \_\_\_\_\_  Please put my premium payment on my Visa, MasterCard, or Discover

**Visa, MasterCard or Discover:**

All Fields must be complete.

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

CVV2#: (Last 3 Digits on back of card): \_\_\_\_\_

**Sign Here →**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Last 4 digits only)

Phone #: \_\_\_\_\_

Signature\*: \_\_\_\_\_

Email Address: \_\_\_\_\_

Your increased coverage will take effect on the first of the month following receipt of your premium and signed Enrollment Form.

### Beneficiary Information

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Mail your check and this application to: Republic Underwriters, Inc., P.O. Box 1197 ● Troy, MI 48099-1197. For a detailed description of benefits please contact Scott Dickinson at 1-800-248-0438, Ext. 1015. \$25.00 fee for returned checks.**

**\* By signing above, I agree to the following terms:** I agree for Republic Underwriters, Inc. to charge my Visa, MasterCard or Discover to make the payment I have agreed to on this Enrollment Form.

Note: You can charge up to the amount shown on the Enrollment Form. The amount will be charged on a regular basis on or about the due date. It is not necessary for the Company to notify me when this is done. Any requirement for giving notice due shall be waived as long as this payment plan is in effect.. No payment or portion thereof shall be deemed to have been paid unless and until the Company received actual payment at its home office. This payment shall in no way alter or amend the provisions of the policy and no one other than the policyholder and his assignees will have any interest in the policy. This payment plan shall continue in effect until terminated by the Company or by me. In addition the Company may terminate this payment plan immediately if any charge is dishonored upon presentation.