



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 injured 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 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 only children age 19 and under 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 enroll?

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: 248-641-7800

Email: scottd@republicund.com

www.republicund.com

Accidental Death & Dismemberment Plan

Annual Rates

Accidental Death & Dismemberment

Member Limit	Spouse	Child
\$50,000	\$25,000	\$5,000
\$100,000	\$50,000	\$10,000
\$150,000	\$75,000	\$15,000
\$200,000	\$100,000	\$20,000
\$250,000	\$125,000	\$25,000
\$300,000	\$150,000	\$25,000

Member/Child

Member Limit	Child
\$50,000	\$7,500
\$100,000	\$15,000
\$150,000	\$22,500
\$200,000	\$30,000
\$250,000	\$35,000
\$300,000	\$35,000

Member/ Spouse ONLY

Member Limit	Spouse
\$50,000	\$30,000
\$100,000	\$60,000
\$150,000	\$90,000
\$200,000	\$120,000
\$250,000	\$150,000
\$300,000	\$180,000

YES, I wish to purchase Accident Protection. I want to protect: Myself Only Myself & Family

Member Limit

Member Premium

Family Premium

\$50,000	<input type="text"/>	\$34.00	<input type="text"/>	\$40.00
\$100,000	<input type="text"/>	\$58.00	<input type="text"/>	\$70.00
\$150,000	<input type="text"/>	\$82.00	<input type="text"/>	\$100.00
\$200,000	<input type="text"/>	\$106.00	<input type="text"/>	\$130.00
\$250,000	<input type="text"/>	\$130.00	<input type="text"/>	\$160.00
\$300,000	<input type="text"/>	\$154.00	<input type="text"/>	\$190.00

(All Premiums include \$10.00 PLEA Membership fee)

Please put \$ _____ on my Credit Card.

Visa, MasterCard, Discover, or American Express

All fields must be filled out completely.

Card Number: _____

Expiration Date: _____

CVV2# (Last 3 digits on back of card): _____

*Signature: _____

I am enclosing my check for the annual amount of:
\$ _____ A \$30.00 fee for returned checks.

Name: _____

Address: _____

City: _____ State: _____

Zip-code: _____

Social Security #: _____

Date of Birth: _____

Phone Number: _____

Email: _____

Beneficiary Information

Name: _____ Relationship: _____

Contingent Beneficiary: _____ Relationship: _____

Member Signature: _____ Date: _____

Your coverage will take effect on the first day of the month following the receipt of your premium and signed application.

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:

Call: 248-641-7800
Fax: 248-641-8857

*By signing above, I agree to the following terms: I agree for Republic Underwriters, Inc. to charge my credit card to make the payment that I have agreed to on the application.

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 policy holder and their 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.