



Office of the Administrator  
P.O. Box 14464  
Des Moines, IA 50306-8993

Dear Member,

This is your official notice concerning the high-benefit, relatively low-cost State Bar of California-sponsored Group Accidental Death & Dismemberment (AD&D) Insurance Plan underwritten by ReliaStar Life Insurance Company.

Act now for up to \$750,000.00 in benefits, payable for a covered fatal accident. Under this plan, you can help protect your family and dependents financially. You can also offer your employees the chance to enroll for this coverage. Plus, as part of your coverage, you automatically receive more than 12 extra benefits. These benefits, including Exposure and Disappearance, Safe Driver, Coma, Education, Training, Transportation, Child Care, Elder Care, Common Carrier, Burn Disfigurement, Rehabilitation, Total and Permanent Disability, may be payable in addition to your regular benefit amount.

As a State Bar member, under age 70 or member employee under age 70, you are guaranteed acceptance into the plan with generally lower group rates that are unavailable to the public. For example, \$200,000.00 of coverage costs about 47cents a day.

To enroll:

- Fill out the proper Enrollment Form below. Indicate family coverage, if desired.
- Mail the form back in the enclosed reply envelope. (Don't send money now.)
- Or Enroll online at: [www.mybarbenefits.com](http://www.mybarbenefits.com)

If you are a State Bar member under age 70, you can obtain the current economical rates by returning your Enrollment Form today.

Act now.

Sincerely,



Anthony A. Baldus, Principal  
Mercer Health & Benefits Insurance Services LLC  
Insurance Plans Administrator  
License #8704140

P.S. This is your OFFICIAL NOTICE that your response is requested. Fill out the form and mail it back today.

**DON'T SEND MONEY NOW!**

Once your enrollment form is processed, we will then send you a bill.

The State Bar receives a sponsorship fee from the program administrator, which is applied to the expenses of the Bar's oversight of the program and supports member services such as the Lawyer Assistance Program and the Member Service Center.

Group AD&D Insurance underwritten by ReliaStar Life Insurance Company (Minneapolis, MN). Policy form HP010GP.

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IADD068L

The State Bar of California  
**Accidental Death And Dismemberment  
 Insurance Enrollment Form**

06816-Q  
 074030010144



**TO ENROLL:**

Send this completed form to:

**ADMINISTRATOR**

The State Bar of California GROUP INSURANCE PROGRAM  
 P.O. Box 14464  
 Des Moines, IA 50306-8993

**QUESTIONS?**

Call: 1-800-343-0132  
 calbar.service@mercer.com

**ReliaStar Life Insurance Company  
 Minneapolis, MN**

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

Are you enrolling as:  Member  Employee of Member

**1. Check coverage desired.**

Member & Family (00H3)  Member Only (00H1)

**\$200,000 BENEFIT AMOUNT**

Employee & Family (E0H3)  Employee Only (E0H1)

**\$150,000 BENEFIT AMOUNT**

Member & Family (00F3)  Member Only (00F1)

Employee & Family (E0F3)  Employee Only (E0F1)

**\$100,000 BENEFIT AMOUNT**

Member & Family (00D3)  Member Only (00D1)

Employee & Family (E0D3)  Employee Only (E0D1)

**OTHER BENEFIT AMOUNT\*: \$ \_\_\_\_\_**

Member & Family  Employee & Family  
 Member Only  Employee Only

\*Up to \$750,000.00 of benefit amount in increments of \$25,000.00. Enter the amount of coverage desired. To find the quarterly premium payment of the benefit amount you have chosen, please refer to the enclosed rate chart or call Toll-Free 1-800-343-0132.

**2. Please fill in information.**

Date of Birth \_\_\_\_\_  
(Mo./Day /Yr.)

Social Security Number \_\_\_\_\_

Sex  M  F

Phone Numbers \_\_\_\_\_

Member Number \_\_\_\_\_

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

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

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

**3. Automatic Beneficiary Designation for the State Bar of California-sponsored AD&D plan.**

Your beneficiary for this coverage will be your legal spouse or domestic partner, if living. If you have no spouse or domestic partner, your beneficiary will be your child(ren), and legally adopted child(ren), if living, if not, your estate, in that order. (You are the beneficiary for insurance on your spouse or domestic partner and children.) If you wish to make other beneficiary arrangements, please complete below and sign and date the second page of this Enrollment Form:

Beneficiary (full name) \_\_\_\_\_

Relationship \_\_\_\_\_

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

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**4. Read this information carefully, then sign and date below.**

I wish to enroll in the State Bar of California-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 after I receive my Certificate of Insurance indicating the effective date of coverage provided my first premium is paid during the lifetime of the insured.

- 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.**

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

**DON'T SEND MONEY NOW! YOU'LL BE BILLED LATER.**

ReliaStar Life Insurance Company  
Minneapolis, MN

Group # 63584-7

Policy Form No. HP010GP

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IADD068E

# The State Bar of California-sponsored Group Accidental Death and Dismemberment (AD&D) Insurance Plan



## ACCIDENTS DO HAPPEN

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

The State Bar of California-sponsored 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 high and the rates are affordable. So sign up yourself and your family today.

## CHOOSE UP TO \$750,000.00 IN BENEFITS

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

## EMPLOYEE COVERAGE OFFERED

The State Bar of California-sponsored AD&D Plan is also available as a relatively low-cost, high-value fringe benefit for law firms. Employees of eligible members are given the opportunity to take advantage of this insurance. To enroll, have each employee complete the enclosed Enrollment Form and return them as indicated. Each employee will be billed for their individual premium.

## FAMILY COVERAGE

Because accidents can happen to anyone, the State Bar of California suggests you get maximum coverage for your loved ones. Your spouse or domestic partner and dependent children (under age 19, or under age 23 if a full-time student) are also guaranteed coverage. Your spouse or domestic partner's benefits are 40% of the benefit amount you choose and dependent child(ren)'s benefits are 10% of your benefit. If you are unmarried, each dependent child's coverage will be 15% of your benefit. If you have no children, your spouse's or domestic partner's benefits are 50% of your coverage.

## SAFE DRIVER BENEFIT

Your beneficiary will receive up to an additional \$25,000.00 (10% of benefit amount) if you have a covered fatal car accident and are wearing a seatbelt at the time. Your beneficiary will receive up to \$40,000.00 (15% of benefit amount) if the car you were riding in or driving also had factory-installed airbags.

## EDUCATION BENEFITS

Your children can receive up to \$5,000.00 (5% of benefit amount) per year for up to four years to continue their education. Education benefits are paid to each eligible dependent student, or to the dependent's legal guardian.

## MONTHLY RATES:

MONTHLY GROUP RATES		
PRINCIPAL BENEFIT AMOUNT	MEMBER & FAMILY*	MEMBER ONLY*
\$50,000	\$5.00	\$3.50
\$100,000	\$10.00	\$7.00
\$150,000	\$15.00	\$10.50
\$200,000	\$20.00	\$14.00
\$250,000	\$25.00	\$17.50
\$300,000	\$30.00	\$21.00
\$350,000	\$35.00	\$24.50
\$400,000	\$40.00	\$28.00
\$450,000	\$45.00	\$31.50
\$500,000	\$50.00	\$35.00
\$550,000	\$55.00	\$38.50
\$600,000	\$60.00	\$42.00
\$650,000	\$65.00	\$45.50
\$700,000	\$70.00	\$49.00
\$750,000	\$75.00	\$52.50

\*Employee rates are the same as member rates.

Rates do not increase with age. Rates shown are guaranteed until 12/31/2021. The rates in this brochure will not be changed unless they are changed for all insureds in your classification. For your convenience, you will be billed quarterly.

## YOU ARE GUARANTEED ACCEPTANCE

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

## CHILD CARE BENEFITS PAID TO YOUR FAMILY

If you have children under 13 and you die in a covered accident, a child care benefit up to \$2,500.00 (or 3% of benefit) annually for up to six years is payable to the person who has incurred the cost of day care expenses.

## COMMON CARRIER BENEFIT

Up to \$50,000.00 (or 50% of benefit) additional benefits are payable if the covered loss occurs while traveling as a fare-paying passenger or boarding or debarking a licensed common carrier.

(Next page, please)

## TOTAL AND PERMANENT DISABILITY

Your **FULL BENEFIT** amount is payable if you are totally and permanently disabled, as defined in the certificate, as part of a covered accident.

## TRAINING BENEFIT

Your spouse or domestic partner can receive up to an additional \$5,000.00 (or 5% of benefit) to attend a professional or trade training program. The actual cost will be the amount paid (up to \$5,000.00 or 5% of benefit) if incurred within 30 months of the covered loss 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 \$5,000.00 (or 5% of benefit) if you die due to a covered accident while an elderly relative is dependent on you for support and maintenance.

## BENEFITS FOR ACCIDENTS

The State Bar of California-sponsored AD&D Plan pays benefits for the following occurrences (loss must happen within one year of accident):

<b>LOSS OF:</b>	<b>% OF FULL AMOUNT:</b>
Life	100%
Both hands, both feet, or sight of both eyes	100%
One hand and one foot	100%
Speech and hearing in both ears	100%
One hand or one foot and sight of one eye	100%
Quadriplegia	100%
Paralysis of three limbs	75%
Paraplegia	75%
Hemiplegia	50%
One hand or one foot or sight of one eye	50%
Speech	50%
Hearing in both ears	50%
Thumb and index finger of same hand	25%
Paralysis of one limb	25%

Loss means with regard to: a) hands and feet, complete severance at or above wrist or ankle joints; and b) sight, speech, or hearing, total and irrecoverable loss thereof.

(NOTE: This is only a sample of the covered losses. See Certificate of Insurance for all benefits.)

**DO NOT DELAY!**

## IMPORTANT

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

### Don't send money now!

Once your enrollment form is processed, we will then send you a bill.

### Satisfaction Guaranteed:

Your satisfaction is 100 percent guaranteed with the State Bar of California-sponsored AD&D Plan. Once you have completed and returned the Enrollment Form, you will be sent an official Certificate of Insurance. You'll have a right to take 30 days to look it over and show it to other lawyers and financial advisors. If you are not satisfied, for any reason, just return the Certificate of Insurance, provided no claims have been submitted or paid. You're under no obligation.

The premium quoted includes compensation of 30% from ReliaStar Life Insurance Company received by Mercer Health & Benefits Insurance Services LLC for providing services that may include enrollments, ongoing servicing, billing and communications. All marketing expenses associated with this program are paid by Mercer.

### Administered by:



Mercer Health & Benefits Insurance Services LLC  
P.O. Box 14464  
Des Moines, IA 50306-8993

### QUESTIONS?

Call: 1-800-343-0132  
[www.mybarbenefits.com](http://www.mybarbenefits.com)

CA Insurance License #0G39709

### Underwritten by:

ReliaStar Life Insurance Company  
Minneapolis, MN

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IADD068P

## **TERMINATION**

You may maintain your State Bar of California-sponsored Accidental Death and Dismemberment Insurance coverage until age 80, as long as the Group Policy remains in force, you remain a State Bar member, and pay your premium on time. Coverage for your dependents terminates when 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 employees, the amount of insurance will decrease to 50% on employee's 80<sup>th</sup> birthday. In any event, insurance terminates on the last day of the month during which employee was last actively at work for a member of the Policyholder.

## **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.
- Any armed conflict, whether declared as war or not, involving any country or government.
- An accident which occurs while in the military service for any country or government.
- An accident which occurs when you commit or attempt to commit a crime.
- The Insured person's 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.

Group AD&D Insurance underwritten by ReliaStar Life Insurance Company.

Policy Form # HP010GP