

ACP BENEFIT ENROLLMENT FORM
ACP Group Accidental Death & Dismemberment Insurance Plan



Name: _____
Last First MI

Add 1: _____

Add 2: _____

City, St., Zip: _____

PLEASE SEND NO MONEY

Mail your completed Form in the enclosed envelope.

1. BENEFIT LEVEL

- | | | |
|--------------|--|--------------------------------------|
| \$500,000.00 | <input type="checkbox"/> Member & Family | <input type="checkbox"/> Member Only |
| \$200,000.00 | <input type="checkbox"/> Member & Family | <input type="checkbox"/> Member Only |
| \$100,000.00 | <input type="checkbox"/> Member & Family | <input type="checkbox"/> Member Only |
| \$_____* | <input type="checkbox"/> Member & Family | <input type="checkbox"/> Member Only |
- *The benefit level must be in \$1,000.00 increments.

NOTE: If you select family coverage, the benefit amounts for your spouse and children are based on your family status. Please see enclosures for details.

After the first billing, to avoid future billing fees, select Electronic Funds Transfer (EFT) as a secure payment option.

2. PERSONAL INFORMATION

Date of Birth: ____/____/____ (mm/dd/yyyy) ACP Member Number: _____

Marital Status: Married Divorced Single Widow(ed) Civil Union*
 Domestic Partner* (Call the administrator for a Declaration of Domestic Partnership Form, complete and return with enrollment form. Not applicable in OR or Canada.)

*Eligibility of Domestic Partner/Civil Union partners is determined by state law.

3. PAYMENT OPTION (Choose only one)

OPTION 1: Electronic Funds Transfer (EFT): I request and authorize the ACP-endorsed Group Insurance Programs, Inc. to make quarterly withdrawals against the account specified on the attached voided check and such bank to process these withdrawals as if I had signed them, for the purpose of collecting premium contributions due under this Group Accidental Death & Dismemberment Insurance Plan. (Enclose a voided check.)

_____ Date _____
(Signature(s) as required on checks issued/withdrawals made against this account.)

OPTION 2: PERIODIC BILLING: Semiannually, Select Electronic Funds Transfer to save the \$2.00 billing fee.

4. BENEFICIARY

The death benefit will be paid in the following order of survival: Spouse, children equally, parents equally, brothers and sisters equally or to the owner's estate. An alternative beneficiary(ies) can be designated by contacting the Plan Administrator at 1-888-643-0323.

5. PLEASE READ, SIGN AND DATE

I hereby enroll with New York Life Insurance Company of New York, New York, for coverage under the ACP Group Accidental Death and Dismemberment Plan. I have read and understand the conditions and exclusions of the program. I understand my coverage will become effective upon the first day of the month following the administrator's receipt of this enrollment form and my premium payment.

Member's Signature _____ Date _____



Send no money now. Return your form to:
Administrator, Group Insurance Program, P.O. Box 10374, Des Moines, IA 50306-8812.
For residents of Puerto Rico, the address is:
Global Insurance Agency, Inc., P.O. Box 9023918, San Juan, PR 00902-3918.

Group Policy Number - G-29182-0 ACP
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Group Accidental Death & Dismemberment (AD&D) Insurance Plan



Underwritten by New York Life Insurance Company

For American College of Physicians Members and Their Families

\$100,000 TO \$500,000 MEMBER COVERAGE!

Accidents. Television and newspapers report them every day. But what if one happened to you? Would your family have the financial resources to survive the crisis? If you travel a great deal in your work ... or if you are subject to possible injury on the job ... you may need the ACP Group Accidental Death and Dismemberment (AD&D) Insurance Plan. It helps protect you and your insured family members by providing accident protection that covers you year round ... anywhere in the world.

WHO IS ELIGIBLE?

As a member or affiliate member of ACP under age 70 and a resident of the U.S. (except VT, WA or territories) or Puerto Rico, you are eligible to apply for coverage for yourself, your lawful spouse under age 70, and unmarried dependent children under age 19 or 26 if a full-time student. To become insured, a completed Form must be submitted and the required premium contribution must be paid when due.

WHAT YOU CAN CHOOSE

You may select a Principal Sum ranging from \$100,000 to \$500,000 (in units of \$100,000) for yourself – at competitive group rates.

An individual may not be insured under one or more AD&D Group Policies underwritten by New York Life for a total amount of AD&D coverage that exceeds current over-insurance standards.

When you reach age 70, the Principal Sum reduces to \$25,000.

Your insured spouse and children will qualify for a percentage of your Principal Sum. If you choose to insure your spouse only, your spouse's coverage amount will be 50% of your amount. If you choose to insure your family, your spouse will be insured for 40% of your amount and each eligible dependent child will be insured for 10% of your amount. If you choose coverage for member and children only, each child will be covered by 15% of your amount.

HOW THE PLAN WORKS

Schedule of Benefits

For an injury directly and independently caused by an accident while coverage is in force for you, your covered spouse or your child, the benefits specified below will be paid if such resulting loss (es) occur within 365 days of that accident.

Benefits are payable for the following losses:

FULL PRINCIPAL SUM for loss of: life; or two limbs; or movement of both upper and lower limbs (quadriplegia); or sight of both eyes; or both speech and hearing; or one limb and sight of one eye.

THREE-QUARTERS OF PRINCIPAL SUM for loss of: movement of three limbs (triplegia).

ONE-HALF OF PRINCIPAL SUM for loss of: one limb; or movement of both upper and lower limbs on one side of the body (hemiplegia); or loss of movement of both lower limbs (paraplegia); or sight of one eye; or speech; or hearing.

ONE-QUARTER OF PRINCIPAL SUM for loss of the thumb and index finger of either hand; or loss of movement of one limb (uniplegia).

Loss means: with reference to limbs, actual severance through or above the wrist or ankle joints; with reference to thumb and index finger, actual severance through or above metacarpophalangeal joints; with reference to sight, speech or hearing, total and permanent loss thereof; and with reference to movement, total and permanent paralysis of such limbs.

The total benefit payable for all losses due to a single accident will not be more than the Principal Sum. Only one of the sums, the largest, will be paid for all injuries to the same limb resulting from one accident.

YOUR COST			
Current 2019 Annual Premium Contributions			
For Member			
Principal Sum		Annual Premium	
\$25,000*			\$30.00
100,000			60.00
200,000			120.00
300,000			180.00
400,000			240.00
500,000			300.00
Member and Family			
Principal Sum			Annual Premium
Member	Spouse	Each Child	
\$25,000*	\$10,000	\$2,500	\$40.00
100,000	\$40,000	\$10,000	79.00
200,000	\$80,000	\$20,000	158.00
300,000	\$120,000	\$30,000	237.00
400,000	\$160,000	\$40,000	316.00
500,000	\$200,000	\$50,000	395.00

YOUR COST (cont'd)		
Current 2019 Annual Premium Contributions		
Member and Children		
Principal Sum		Annual Premium
Member	Each Child	
\$25,000*	\$3,750	\$40.00
100,000	\$15,000	75.00
200,000	\$30,000	150.00
300,000	\$45,000	225.00
400,000	\$60,000	300.00
500,000	\$75,000	375.00

*Renewal Only – Age 70 and over all amounts reduce to a maximum of \$25,000.

The premium contributions shown reflect the current rate and benefit structure. Premium contributions may be changed by New York Life Insurance Company on any premium due date and on any date on which benefits are changed. However, your rates may change only if they are changed for all others in the same class of insureds. For example, a class of insureds is all others with the same issue age. Benefit option amounts are not guaranteed and are subject to change by agreement between New York Life Insurance Company and the Trustees of American College Insurance Trust.

PLAN FEATURES

The Following Benefits Are Payable In Addition To Any Other Benefits Received Under the Plan

- Common Carrier Benefit
If a covered loss occurs as a result of an accident while a passenger on a licensed common carrier (train, bus, etc.), an additional 25% of the member's Principal Sum will be payable.
- Repatriation Benefit
If a covered accidental death occurs outside of the insured person's state of residence, and occurs before age 70, an additional benefit of up to \$25,000 of the actual expenses incurred will be paid for the preparation and transportation of the body to the place of burial or cremation.
- Rehabilitation Benefit
Rehabilitation training can help an insured person return to former productivity following an accident. This benefit may be paid for a covered loss other than loss of life. The amount paid will equal the actual expenses incurred for rehabilitation training up to a maximum of \$5,000. The expense must be incurred within two years after the date of the accident. While you, the insured member, are receiving this benefit, you will not be required to pay premium contributions until the earlier of the date you return to work, or the \$5,000 maximum has been reached.
- Seat Belt Benefit
If an insured person is involved in an automobile accident in which he/she was properly wearing a seatbelt, and dies within 90 days as a result of that accident, the beneficiary can receive an additional amount which is the lesser of \$25,000 or 10% of the Principal Sum payable. Please refer to the Certificate of Insurance for certain limitations and conditions on this benefit.

- Education Benefit
If the benefit for loss of life is payable with respect to the insured member, and his/her dependents are covered by this Plan on the date of the accident, this Plan will pay an education benefit equal to the lesser of 5% of the member's Principal Sum payable or \$5,000 per year. This benefit will be payable up to four years, for each insured dependent who is enrolled (or enrolls within 365 days of the accident) as a full-time student at an institution of higher learning (college, university or trade school). In addition, if no insured spouse or child qualifies for this benefit following the covered loss of the member's life, a lump sum benefit of \$2,500 will be payable.
- Surviving Spouse Benefit
If both the member and spouse are insured under the policy and one spouse dies as a result of an accident, the plan will pay the surviving spouse an additional benefit equal to 1% of the deceased person's principal sum. The benefit is payable monthly to the surviving spouse for up to 12 months or until the spouse dies, whichever occurs first.

Exclusions and Limitations

No benefit will be payable for any loss that occurs during or is due or related to: military service; the insured person's incarceration for or participation in (except as a victim) an illegal occupation/activity or the commission of a crime; the insured person's voluntary intake of drugs, narcotics or alcohol (unless prescribed by a physician); any declared or undeclared war or act thereof; or operating, riding in or descending from any aircraft except when riding as a passenger; or for any loss that is due or related to: a physical or mental sickness or medical/surgical treatment thereof, or suicide or intentionally self-inflicted injury while sane or insane.

In addition, when you reach age 70, coverage reduces to \$25,000.

BENEFICIARY

You may select any person, persons, trust or other legal entity as your beneficiary. If, at the time of your death, there are no surviving beneficiaries, benefits will be paid to the executor or administrator of your estate, or at the option of New York Life, to the surviving relatives in the following order of survival: spouse; children equally; parents equally; or brothers and sisters equally. The member is the beneficiary for spouse's and children's coverage. If you wish to designate a different beneficiary, simply contact the Plan Administrator at 1-888-643-0323 for a Beneficiary Form.

WHEN COVERAGE ENDS

Your insurance remains in force unless you cease to be an ACP member, fail to pay premium contributions when due, the person enters full-time active duty in the Armed Forces or the Plan is terminated or modified by the Policyholder or New York Life Insurance Company to end insurance for the group of insureds to which you belong. Dependent coverage will also terminate when member coverage terminates; dependent ceases to be a lawful spouse or eligible dependent child or; the dependent becomes an insured member. A member's surviving spouse and children may continue coverage if it was in force at the time of the member's death as described in the Certificate of Insurance.

EFFECTIVE DATE

You and your dependents will become insured on the date specified by New York Life Insurance Company provided the initial premium contribution, is paid when due, and you and your dependents are performing the normal activities of a person in good health of like age [NC Members: a person of like age] on that date. Dependent insurance will not take effect unless your insurance is in effect on a premium paying basis, and any person who is not performing his or her normal activities as required will not become insured until the date he or she is performing such activities, provided such date is within three months of the date insurance would have been effective and the person is still eligible. (Payment of a premium contribution for insurance does not mean there is any coverage in force before the effective date as specified by New York Life Insurance Company.)

CERTIFICATE OF INSURANCE

When you become insured you will be sent a Certificate of Insurance summarizing your coverage. This brochure contains only a brief description of some of the Plan's principal provisions and features. The complete terms and conditions are set forth in the group policy issued by New York Life Insurance Company to the Trustees of American College of Physicians, Inc. Insurance Trust.

HOW TO APPLY

1. Select your Principal Sum and read the rate chart to find the premium for each individual to be covered under the amount of coverage desired.
2. Mail completed Form in the enclosed envelope to:

Administrator,
ACP Group Insurance Program
P.O. Box 10374
Des Moines, IA 50306-8812

(Residents of Puerto Rico, please see instructions below.)

Residents of Puerto Rico:

Please send your completed Form to:
Global Insurance Agency, Inc.
P.O. Box 9023918
San Juan, PR 00902-3918

30-DAY FREE LOOK

When you receive your Certificate of Insurance, read it carefully. If you're not completely satisfied with the terms of your new insurance plan, simply return your Certificate, without claim, within 30 days and your premium will be promptly refunded, and your insurance will then be invalidated.

HOW TO FILE A CLAIM

To file a claim, write the Administrator for claim forms.

This Group Accidental Death & Dismemberment Insurance Plan is Underwritten by:



New York Life Insurance Company
51 Madison Avenue
New York, NY 10010
under Group Policy No. G-29182-0
on Policy Form GMR-FACE/G-29182-0

This Group Accidental Death & Dismemberment Insurance Plan is Administered by:



Mercer Consumer, a service of Mercer Health & Benefits Administration LLC
ACP Group Insurance Program
P.O. Box 10374
Des Moines, IA 50306-8812

Telephone: 1-888-643-0323
www.personal-plans.com/acp

AR Insurance License #100102691
CA Insurance License #0G39709
In CA d/b/a Mercer Health & Benefits Insurance Services LLC

The ACP Insurance Trust incurs costs in connection with this sponsored Plan. To provide and maintain this valuable membership benefit, it is reimbursed for these costs. ACP may also receive a fee for the license of its name and logo for use in connection with this Plan.

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