



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

Dear HSBA Member,

Thank you for inquiring about the Hawaii State Bar Association Group Insurance Program. Enclosed you'll find the information you requested for the following plan: Group Accidental Death & Dismemberment (AD&D) Insurance Plan.

Before you take a look at the information I've enclosed, let me mention some of the important benefits you receive with all our insurance plans.

- These are group plans, negotiated especially for HSBA Members. Rates, although not scheduled, can only be changed on a group basis.
- Each plan is backed by a 30-day Free Look. After you receive your Certificate of Insurance, you have a full 30 days to review your new coverage. If you decide that it's not exactly what you want and need, simply return it. Every dollar you've paid will be refunded, and your coverage will be invalidated, no questions asked – provided no claims have been submitted or paid.

Please read the enclosed brochure for more information, including eligibility, renewability, costs, exclusions, limitations and terms of coverage on this plan.

Once you determine the type and amount of personal insurance coverage you need, simply complete and return the enrollment form in the postage-paid envelope provided. If you have questions along the way, just pick up the phone and call us. Our toll-free number is: 1-866-810-9451.

Whatever your personal situation, I hope you'll take a few minutes today to candidly assess your family's insurance needs and enroll to bring your coverage up-to-date through this exclusive member program. Please return your enrollment form today!

Group AD&D Insurance underwritten by ReliaStar Life Insurance Company, Minneapolis, MN, a member of the Voya® family of companies. Policy form HP010GP.

Yours truly,

A handwritten signature in black ink, appearing to read "Anthony A. Baldus".

Anthony A. Baldus, Principal  
Mercer Health & Benefits Administration LLC  
License #8704140

P.S. Each insurance plan is offered through a well respected insurance company and every plan carries a 30-day Free Look!

(over, please)

The Hawaii State Bar receives a fee for its endorsement of the insurance programs. The fees are used to offset the cost of program oversight and support member benefits and services.

**Mercer Consumer,  
a service of Mercer Health & Benefits Administration LLC  
P.O. Box 14464 ● Des Moines, IA 50306-8993  
1-866-810-9451 ● [customerservice.service@mercerc.com](mailto:customerservice.service@mercerc.com) ● [www.hsbainsurance.com](http://www.hsbainsurance.com)**

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# ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE ENROLLMENT FORM



(Please make any corrections to your full name and address printed below.)

### To Apply:

Send this completed form with your premium check payable to:

#### ADMINISTRATOR

HSBA GROUP INSURANCE PROGRAM  
P.O. Box 14464  
Des Moines, IA 50306-8993

#### QUESTIONS?

Phone: 1-866-810-9451  
E-Mail: customerservice.service@mercer.com

#### Underwritten by:

ReliaStar Life Insurance Company  
Box 20  
Minneapolis, MN 55440

### 1. Member/Employee Information

Sex  M  F

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

Phone Numbers:

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

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

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

### 2. Check the coverage of your choice:

Member/Employee Only  Family Plan

\$ \_\_\_\_\_

Up to \$500,000.00 of benefit amount in increments of \$25,000. Enter the amount of coverage desired. To find the annual premium payment of the benefit amount you have chosen, please refer to the enclosed rate chart or call Toll-Free: 1-866-810-9451.

### 3. AUTOMATIC BENEFICIARY DESIGNATION FOR THE HAWAII STATE BAR ASSOCIATION.

Your beneficiary for death benefits will be your legal spouse if living. If you have no spouse, then your beneficiary will be your child(ren) if living, or your parents if living, or your estate, in that order. (If you wish to make other beneficiary arrangements, please complete below.) You are the beneficiary for insurance on your spouse and children, and for benefits other than death benefits.

Member/Employee beneficiary (full name) \_\_\_\_\_

Relationship to member/employee \_\_\_\_\_

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

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

I wish to enroll in the HSBA 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.

Member/Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

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**AUTOMATIC CHECK WITHDRAWAL REQUEST:** By selecting Automatic Check Withdrawal, your premium will automatically be withdrawn from your checking account. Please provide the information requested below.

Routing #: \_\_\_\_\_ Account #: \_\_\_\_\_

I request that you pay and charge my account debits drawn from my account by the Plan Administrator to its order. This authorization will stay in effect until I revoke it in writing. Until you receive such notice, I agree that you shall be fully protected in honoring any such debits. I also agree that you may, at any time, end this agreement by giving 30 days advanced written notice to me and to the Plan Administrator. You are to treat such debit as if it were signed by me. If you dishonor such debit with or without cause, I will not hold you liable even if it results in loss of my insurance.

**Signature of Premium Payer** \_\_\_\_\_ **Date** \_\_\_\_\_

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# The Group Accidental Death and Dismemberment (AD&D) Plan for Hawaii State Bar Association



## ACCIDENTS DO HAPPEN

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

The HSBA 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 significant. The rates are affordable. So sign up yourself and your family today.

**Choose a minimum of \$25,000 to a maximum of \$500,000 in increments of \$25,000.**

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

Monthly rate per \$1,000 for Member or Employee of Member coverage: **\$0.05**

Monthly rate per \$1,000 for Member or Employee of Member+Dependents coverage: **\$0.08**

*(calculated on Member/Employee Full Amount )*

Member/Employee coverage terminates at age 80.

Rates do not increase with age. Rates shown are guaranteed until December 31, 2019 only. 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 annually.

If applicable, an additional \$2 billing fee will be included on your billing notice payable to the administrator. To save the fee, select Electronic Funds Transfer (EFT) as a safe and secure payment option.

## Convenient Payment Options

Four modes of payment are available to suit your budget: Direct Bill Quarterly, Semiannual, and Annual, or Monthly by EFT.

## YOU ARE GUARANTEED ACCEPTANCE

All members/employees 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.

## FAMILY COVERAGE

Your spouse and dependent children (14 days to age 21, or 25 if a full-time student) are also guaranteed coverage. Your spouse 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 benefits are 50% of your coverage.

## SAFE DRIVER BENEFIT

Your beneficiary will receive an additional 10% of the Full Amount of benefit (up to \$25,000) if you have a covered fatal car accident and are wearing a seatbelt at the time. This benefit will be 15% of benefit amount (up to \$40,000) if the car you were riding in or driving also had factory-installed airbags that operated properly upon impact.

## EDUCATION BENEFITS

ReliaStar Life pays an Education benefit in addition to the AD&D benefit if you die due to a covered accident. This benefit will be paid at the end of each annual period following your death to your dependent who is enrolled as a full-time student in an accredited postsecondary institution of higher learning beyond grade 12 within 365 days following the date of your death.

## CHILD CARE BENEFITS PAID TO YOUR FAMILY

ReliaStar Life pays a Child Care benefit in addition to the AD&D benefit if you die due to a covered accident, and your dependent child under age 13 years is enrolled in a licensed day care center within 90 days of your death. This benefit is paid on behalf of each eligible dependent child at the end of each annual period following your death. Benefit payments will stop if either of the following is true during the preceding annual period -

- your dependent child does not attend a licensed day care center for at least 1000 hours; or
- your dependent child is not under age 13 years for any part of that year.

## COMA BENEFIT

ReliaStar Life pays a Coma benefit if, due to a covered accident, you are in a coma. Coma benefit payments will stop when you are no longer in a coma or when maximum benefits have been paid, whichever comes first.

## COMMON CARRIER BENEFIT

An additional 100% of your benefit amount (to a maximum of \$50,000) may be payable if the covered loss occurs while traveling as a fare-paying passenger or boarding or debarking a licensed common carrier.

## TOTAL AND PERMANENT DISABILITY

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

## TRAINING BENEFIT

Your spouse can receive an additional 5% of the Full Amount of benefit (to a maximum of \$5,000) for attending a professional or trade training program if the cost is incurred within 30 months of your covered death 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% of the Full Amount of benefit (to a maximum of \$5,000) if you die due to a covered accident while an elderly relative is dependent on you for support and maintenance.

## EXPOSURE and DISAPPEARANCE BENEFIT

ReliaStar Life pays an **Exposure** benefit if:

- the loss of use of hands, feet, thumb and index finger of the same hand, or paralysis is caused by exposure to the elements, and
- is the result of a covered accident.

ReliaStar Life pays a **Disappearance** benefit if:

- you are in a conveyance, including but not limited to an automobile, airplane, ship or train, that disappears, sinks or wrecks; and
- you disappear and your body is not found, and the disappearance is the result of a covered accident; and
- a reasonable period of time, but no more than one year, has lapsed since the accident, and
- ReliaStar Life has reviewed all evidence and there is no reason to believe that you are living.

## TRANSPORTATION BENEFIT

ReliaStar Life pays an additional 2% of the Full Amount of benefit (to a maximum of \$5,000) in addition to the AD&D benefit if you die due to a covered accident that occurs at least 75 miles from your primary residence.

## BURN DISFIGUREMENT BENEFIT

ReliaStar Life pays an additional 10% of the Full Amount (to a maximum of \$30,000) if due to a covered accident you suffer disfigurement due to burns covering at least 5% of your body.

**Burn Disfigurement** means damage to the skin or other body parts resulting in permanent scarring caused by extreme heat, flame, contact with heated objects, or chemicals.

## REHABILITATION BENEFIT

ReliaStar Life pays a **Rehabilitation** benefit of 2% up to a maximum of \$5,000 in addition to the AD&D benefit if you receive rehabilitation services due to a covered loss, subject to all the following conditions:

- Rehabilitation services must be received within 2 years of the covered accident.
- Only one maximum benefit is payable for all losses or injuries due to the same covered accident.
- No benefit is payable if you are entitled to benefits under any Workers' Compensation or similar law.

## COMMON DISASTER BENEFIT

ReliaStar Life pays a Common Disaster benefit if, as a result of a common accident, you and your insured dependent spouse die within one year as a result of a covered accident. This benefit increases the spouse coverage to 100% of member/employee's coverage provided the additional benefits do not equal more than \$50,000.



## BENEFITS FOR ACCIDENTS

Unless otherwise indicated, ReliaStar Life pays only one Full Amount for all losses and benefits while the Group Policy is in effect. The Full Amount is shown on the Schedule of Benefits in your Certificate. For example, if you have loss for which ReliaStar Life paid 50% of the Full Amount, ReliaStar Life pays no more than 50% of the Full Amount for the next loss.

<b>Loss of:</b>	<b>% of Benefit Paid</b>
Life .....	Full Amount
Both hands, both feet or sight of both eyes .....	Full Amount
One hand and one foot .....	Full Amount
Speech and hearing in both ears .....	Full Amount
One hand or one foot and sight of one eye.....	Full Amount
One hand or one foot and sight of one eye.....	50% of Full Amount
Speech .....	50% of Full Amount
Hearing in both ears .....	50% of Full Amount
Thumb and index finger of same hand.....	25% of Full Amount
Paralysis of one limb.....	50% of Full Amount
Paralysis of three limbs .....	75% of Full Amount
Quadriplegia .....	Full Amount
Paraplegia.....	75% of Full Amount
Hemiplegia.....	50% of Full Amount

Loss of hands or feet means loss by being permanently, physically severed at or above the wrist or ankle. Loss of sight means total and permanent loss of sight. Loss of speech and hearing means total and permanent loss of speech and hearing. Loss of thumb and index finger means loss by being permanently, physically, entirely severed.

**Quadriplegia** means total paralysis of all four limbs.

**Paraplegia** means total paralysis of both lower limbs.

**Hemiplegia** means paralysis of one arm and one leg on the same side of the body.

Unless otherwise indicated, paralysis must be the result of a spinal cord injury which is due to an accident.

ReliaStar Life does not pay an AD&D benefit for any paralysis caused by a stroke. Paralysis must be determined by a doctor to be permanent, complete and irreversible.

Unless otherwise indicated, ReliaStar Life does not pay a benefit for loss of use of one or both hands or feet, or thumb and index finger of the same hand.

Death benefits are paid to your beneficiary. Unless otherwise indicated, all other benefits are paid to you.

### IMPORTANT

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

Once your enrollment form is processed, you will be sent an official Certificate of Insurance and billed for your premium. If you're not completely satisfied with the terms of your new Insurance Plan and no claims have been submitted or paid, simply return within 30 days for a full premium refund.

**Administered by:**  
 **MERCER**  
MAKE TOMORROW. TODAY

Mercer Consumer,  
 a service of Mercer Health & Benefits Administration LLC  
 P.O. Box 14464  
 Des Moines, IA 50306-8993

**QUESTIONS?**  
 1-866-810-9451  
[www.hsbainsurance.com](http://www.hsbainsurance.com)

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

**Group AD&D Insurance Underwritten by:**  
 ReliaStar Life Insurance Company  
 Minneapolis, MN

## TERMINATION

You may maintain your Accidental Death and Dismemberment Insurance coverage until age 80, as long as the Group Policy remains in force, you remain an HSBA member/employee, 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.

## EXCLUSIONS

ReliaStar Life does not pay benefits for loss directly or indirectly caused by any of the following:

- 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 or accidental ingestion of a poisonous food substance.
- Any armed conflict, whether declared as war or not, involving any country or government.
- An injury suffered while in the military service for any country or government.
- An injury which occurs when you commit or attempt to commit a crime.
- Use of any drug, narcotic or hallucinogenic agent, unless prescribed by a doctor or taken as directed by a doctor or the manufacturer.
- Your 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. Coverage is not available in all states.

This is a Paid Endorsement. HSBA receives a fee from the insurance broker and/or the insurer for its endorsement of this plan.

The group policy is situated in the state of Hawaii and is governed by its laws.

Policy form HP010GP