



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

Dear ROA Member,

This is your official notice concerning the high-benefit, relatively low-cost ROA Enhanced Group Accidental Death & Dismemberment (Enhanced AD&D) Insurance Plan.

Act now for up to \$500,000.00 in benefits, payable for a covered fatal accident. Under this plan you can also protect your family and provide educational and child care benefits in the event of your death. Your beneficiary can receive an additional 50% of the benefit amount (up to \$50,000.00) if loss occurs while traveling as a fare-paying passenger or boarding or debarking a licensed common carrier. In addition, you will receive the full benefit amount if you are permanently disabled – as defined in the certificate.

As an ROA Member under age 70, you are guaranteed acceptance into the plan with group rates, which are generally unavailable to the public. For example, \$150,000.00 of individual member coverage costs about 45 cents a day.

To enroll:

- Fill out the Enrollment Form enclosed. Indicate family coverage, if desired.
- Mail the form back in the enclosed reply envelope. (Don't send money now.)
- If you are an ROA Member under age 70, you can obtain the current rates by returning your Enrollment Form today.

Act now. Please review the product brochure for more information about the coverage.

Sincerely,

Timothy R. Weber, Partner
Mercer Health & Benefits Administration LLC
ROA Insurance Plans Administrator
License #17526255

P.S. This urgent message is your OFFICIAL NOTICE that your response is requested.

Fill out the form and mail it back today.

DON'T SEND MONEY NOW!

AD&D Insurance underwritten by ReliaStar Life Insurance Company, a member of the Voya® family of companies. This is a paid endorsement. ROA 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 North Dakota and is governed by its laws. Coverage may not be available in all states.

Policy Form #HP010GP

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Enhanced Accidental Death and Dismemberment ENROLLMENT FORM



To Apply:

Send this completed form to:

ADMINISTRATOR

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

QUESTIONS?

Call: 1-800-247-7988

E-Mail: roa.service@mercer.com

Name: _____
Last First MI

Add 1: _____

Add 2: _____

City, St., Zip: _____

ReliaStar Life Insurance Company
Box 20
Minneapolis, MN 55440

1. Check coverage desired.
Included with enrollment

\$500,000 BENEFIT AMOUNT	<input type="checkbox"/> Member & Family (OOV3)	<input type="checkbox"/> Member Only (OOV1)
\$250,000 BENEFIT AMOUNT	<input type="checkbox"/> Member & Family (OOK3)	<input type="checkbox"/> Member Only (OOK1)
\$200,000 BENEFIT AMOUNT	<input type="checkbox"/> Member & Family (OOH3)	<input type="checkbox"/> Member Only (OOH1)
\$150,000 BENEFIT AMOUNT	<input type="checkbox"/> Member & Family (OOF3)	<input type="checkbox"/> Member Only (OOF1)
\$100,000 BENEFIT AMOUNT	<input type="checkbox"/> Member & Family (OOD3)	<input type="checkbox"/> Member Only (OOD1)

2. Please fill in information.

Social Security Number _____ Date of Birth _____
(Mo./Day/Yr.)

Phone Numbers

Home (____) _____

Work (____) _____

E-mail Address _____

Height ____ft. ____in. Weight ____lbs. Sex M F

Member Number _____

3. Automatic Beneficiary Designation for the ROA-Endorsed Enhanced AD&D Plan.

Your beneficiary for this coverage will be your legal spouse, if living. If you have no spouse, 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 and children.) If you wish to make other beneficiary arrangements, please complete below and sign and date the front of this Enrollment Form:

Member's beneficiary (full name) _____

Relationship to member _____

Beneficiary's address _____

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

I wish to enroll in ROA's endorsed Enhanced 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's Signature **X** _____ **Date** **X** _____

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

ReliaStar Life Insurance Company
Minneapolis, MN

Policy # 31816-7
Policy Form No. HP010GP
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IADD02036E

ReliaStar Life Insurance Company and ReliaStar Life Insurance Company of New York Consumer Privacy Notice and Insurance Information Practices Notice

We are pleased to provide you with information regarding your application or claim. This information is provided to you in accordance with legislation enacted in your state. You may also receive other privacy notices from us or from our affiliated companies. **Please keep this notice and a copy of the completed application or claim form for your records.**

Our Underwriting Procedures

For certain types of coverage, we underwrite your request to determine if you are eligible for the coverage you requested. We review all of the information in the application, and, if necessary, confirm or add to this information in the ways described in this notice. In the event of an adverse underwriting decision, we will provide you with the specific reason for the decision in writing.

Privacy and Information Practices

Collecting Information

Your application or claim form is our main source of information. But we may:

- Ask you to have a physical exam, an EKG and/or a blood profile, etc.
- Ask physicians, hospitals, or other health care providers to confirm or add to the information you have given us. The types of information we may ask for are described on the authorization form you will be asked to sign. If you want a copy of this form, it will be given to you for your records.
- Obtain information from MIB, Inc., formerly known as the Medical Information Bureau. See "Notice Regarding MIB, Inc." below.
- Seek information from other companies you have applied to for insurance.
- Ask you for additional information through use of a written request.

Notice Regarding Consumer Reports

Insurance companies commonly ask an outside source to verify and add to the information given in an application. Consumer reports are used to help us decide if you are eligible for the insurance you have applied for. The report deals with your mode of living, character, general reputation, and such personal items as your health, job, and finances. It may include information on the following: your marital status, past and present employment record, job duties, driving record, avocation, health history, use of alcohol and drugs, and hazardous sports activities. The agency may get information in these ways: from public records, and by contacting you, members of your family, business associates and employers, financial sources, friends, or others you know. This information will not be used to determine your sexual orientation. You can request that the agency interview you in connection with the preparation of the report. If the report affects your application as requested, we will notify you and provide you with the name and address of the reporting firm.

We use the report only to be sure that each application is evaluated on a fair basis. We will not reveal any of the information we obtain to your friends or associates. We may reveal the information we obtain to other companies or entities affiliated with us. The information may be kept by the consumer reporting agency; it may also later be given to others who have a legitimate need for these reports. It will be given only to the extent permitted by these laws: the Federal Fair Credit Reporting Act as amended by the Consumer Credit Reporting Reform Act of 1996; your state's Fair Credit Reporting Act, if any; or your state's Insurance Information and Privacy Protection Act, if any. If you wish, we will send you the name, address and phone number of any agency we ask to prepare a consumer report about you. The agency will give you a copy of the report if you ask for one and give proper identification.

Information Use

We will use the information only for business purposes arising from the relationship you have with us.

Information Maintenance and Disclosure

We treat the information we have about you as confidential. The authorization form that you have been asked to complete will permit us to send the information to our affiliates and to MIB, our reinsurers, employees, contractors, or other organizations that process transactions concerning coverage you have with us or our affiliates, and to other life insurance companies to whom you may apply for life or health insurance or to whom a claim for benefits may be submitted. In certain circumstances, the information we have about you may be disclosed to third parties without your specific permission.

Access to Information

If you request it in writing, we will send you a copy of the relevant information we obtain about you in connection with your request for coverage or an adverse underwriting decision. Medical information, however, will only be disclosed through the attending licensed physician unless state law provides otherwise. If you feel that any of the information in our file is not correct or is incomplete, we will review it. If we agree with you, we will make the corrections. If we do not agree with you, you may file a short statement of dispute with us. Your statement will be included any time we disclose this information to anyone. We will not send you information we collect in expectation of or in connection with any claim or civil or criminal proceeding.

Notice Regarding MIB, Inc.

We or our reinsurers may make brief reports to MIB. The reports will include the factors that affect the insurability of any person for whom coverage is being requested. MIB is a nonprofit organization of life insurance companies. It operates an information exchange for its members. If you apply to some other member company for life or health coverage, or send in a claim for benefits, MIB may supply that company with any information in its file. If you ask, MIB will arrange to disclose to you the information it has about you in its file. If you question the accuracy of the information in MIB's file, you may contact MIB and ask them to correct it as provided in the Fair Credit Reporting Act. The address of MIB's information office is 50 Braintree Hill Park, Suite 400, Braintree, MA 02184-8734. MIB's phone number is 866-692-6901. We may also release information in our files to other life insurance companies to whom you may apply for life or health insurance or to whom a claim for benefits may be submitted.

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4 Reasons Why ROA Members Should Enroll in the ROA Enhanced Group Accidental Death & Dismemberment (AD&D) Insurance Plan



AD&D coverage is becoming a more popular way to supplement other insurance coverage you already have. And ROA Members are choosing the ROA Enhanced AD&D Plan for these important reasons:

1. It's Easy to Get – You're Guaranteed Acceptance

As an ROA Member under age 70, you're guaranteed this coverage. No health questions asked. No physical exam is required. This makes it much easier to get than some life and health insurance plans.

Your spouse¹ and children under age 22 (26 if a full-time student) are guaranteed acceptance for this coverage, too!

2. Pays a \$100,000.00 Lump Sum Accidental Death Benefit

If you die from a covered accident, your loved ones can receive the \$100,000.00 benefit in one lump sum. No monthly or partial payments. Just one payment.

3. Economical Group Rates DON'T Increase With Age

Unlike many life insurance and medical plans that increase rates as you age, the ROA Enhanced AD&D plan's rates don't. ROA accident benefits costs up to 90 cents a day ...add your spouse¹ and children for up to 35 cents a day.

Monthly Rates*

Benefit Amount	Member Rate	Member & Family Rate
\$100,000.00	\$5.40	\$7.50
\$150,000.00	\$8.10	\$11.25
\$200,000.00	\$10.80	\$15.00
\$250,000.00	\$13.50	\$18.75
\$500,000.00	\$27.00	\$37.50

*You will be billed semi-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.

Benefits may be changed on a class basis. Rates shown are guaranteed until 10/31/2019.

4. Family Coverage

Because accidents can happen to anyone, ROA suggests you get maximum coverage for your loved ones. Your spouse¹ and dependent children (under age 22, or under age 26 if a full-time student) are also guaranteed coverage. Your spouse's¹ 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's¹ benefits are 50% of your coverage.

5. ADDITIONAL Benefits Included

With this enhanced plan, your loved ones can collect additional benefits – on top of the lump sum benefit – for specific situations. For example, if you select \$100,000.00 in benefits, your beneficiaries could receive extra benefits for the following:

- **\$50,000.00 Common Carrier Benefit:** If your accidental death is a result of traveling as a fare-paying passenger or boarding or debarking a licensed common carrier (plane, train, taxi, etc.).
- **\$25,000.00 Safe Driver Benefit:** If you have a covered fatal car accident and were wearing a seat belt at the time. This benefit **increases to \$40,000.00** if the car you were in or driving had factory-installed airbags that operated properly upon impact.
- **\$2,500.00/Year Child Care Benefit:** If you have children under age 13 in daycare, the plan pays this amount each year for up to six years for each child.
- **\$5,000.00 Children's Education Benefit:** Your children can receive this benefit each year for up to four years to continue their education.

How Your ROA Enhanced Benefits Could Add Up:

Suppose an individual runs a red light and hits a member's car head on and as a result, he dies in a covered accident. The member leaves behind a spouse¹, twin daughters in child care and an older son in his first year of college. His family could collect:

- + \$100,000 Lump Sum Accident Benefit
- + \$40,000 Safe Driver Benefit
- + \$15,000 Child Care Benefit for Child #1 (\$2,500/year for 6 years)
- + \$15,000 Child Care Benefit for Child #2 (\$2,500/year for 6 years)
- + \$20,000 Education Benefit for Child #3 (\$5,000/year for 4 years)

\$190,000.00 TOTAL ROA Enhanced AD&D Benefit Paid

Pays Benefits for Other Specific Losses too: If you lose some or all of your limbs, eyesight or hearing due to a covered accident, you can collect partial benefits. Your Certificate Schedule of Benefits will provide all the details.

Automatic Beneficiary: Your beneficiary for death benefits will be your legal spouse¹, if living. If you have no spouse¹, your beneficiary will be your child(ren), parents, or siblings, in that order. If you wish to make other beneficiary arrangements, please contact the Plan Administrator in writing. The member is automatically the beneficiary for spouse¹ and children coverage and for benefits other than death.

- Use of any drug, narcotic or hallucinogenic agent, unless prescribed by a doctor or taken as directed by a doctor or the manufacturer.
- Your or your insured dependent's intoxication. Intoxication means your or your insured dependent's blood alcohol content meets or exceeds the legal presumption of intoxication under the laws of the state where the accident occurred.

BENEFITS FOR ACCIDENTS

The ROA-endorsed AD&D Plan pays benefits for the following occurrences (loss must happen within 180 days of covered accident):

LOSS OF:	% OF FULL BENEFIT AMOUNT:
Life	100%
Both hands, both feet, or sight of both eyes	100%
One hand or one foot and sight of one eye	100%
One hand or one foot or sight of one eye	50%
Speech or hearing (in both ears)	50%
Quadriplegia	100%

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 and conditions on coverage.)

TERMINATION

You may maintain your ROA-endorsed Enhanced Accidental Death and Dismemberment Insurance coverage until age 80, as long as the Group Policy remains in force, you remain an ROA 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.

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.
- Riding in or descending from an aircraft as a pilot or crewmember.
- Any armed conflict, whether declared as war or not, involving any country or government.
- An accident which occurs when you commit or attempt to commit a crime.

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. Complete details may be found in Policy Form #HP010GP. The group policy is situated in the state of North Dakota and is governed by its laws. This is a paid endorsement. ROA receives a fee from the insurance broker and/or the insurer for its endorsement of this plan. Coverage may not be available in all states.

¹In Oregon, spouse includes domestic partner.

Do Not Delay!

IMPORTANT

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

Don't send money now!

2. PLEASE REPLY WITHIN 14 DAYS.

Licensed insurance agents are ready to answer any questions you have about this plan. We're eager to help you.

ROA'S SATISFACTION GUARANTEE

By enrolling now you won't risk a cent. Because if you change your mind within the first 30 days of your coverage, just tell us and we'll refund your money in full, provided no claims have been submitted or paid.

Administered by:



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

QUESTIONS?

Call: 1-800-247-7988
E-Mail: roa.service@mercer.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
Policy Form #HP010GP

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