



# GROUP ACCIDENTAL DEATH & DISMEMBERMENT PLAN

*Available to Members & their Employees*

This is worldwide, 24-hour protection that pays in addition to any other insurance. This group coverage is available to you as a member of the FAMB as well as your employees. Administrative costs for group coverage are low, so you can save in premium costs and enjoy the benefits of the plan.

## ELIGIBILITY

Members of the FAMB and employees of FAMB members, actively at work, and under age 70, are eligible for Personal Accident Insurance (AD&D).

## MONTHLY GROUP RATES

Principal Benefit Amount	Enrollee Only	Enrollee & Family <sup>+</sup>
\$250,000	\$9.75	\$16.25
\$275,000	\$10.72	\$17.88
\$300,000	\$11.70	\$19.50
\$325,000	\$12.68	\$21.13
\$350,000	\$13.65	\$22.75
\$375,000	\$14.63	\$24.38
\$400,000	\$15.60	\$26.00
\$425,000	\$16.58	\$27.63
\$450,000	\$17.55	\$29.25
\$475,000	\$18.53	\$30.88
\$500,000	\$19.50	\$32.50

Rates do not increase with age. Rates shown are guaranteed for initial year of coverage only. The rates in this brochure will not be changed unless they are changed for all insureds in your classification.

+Dependents Coverage – If you choose Enrollee & Family coverage, your dependents coverage is as follows: (I) Spouse Only – Insured at 50% of Enrollee Amount; (II) Children Only – Each child Insured at 15% of Enrollee Amount, not to exceed \$25,000; (III) Spouse & Children – Spouse insured at 40% of Enrollee Amount. Each child insured at 10% of Enrollee Amount, not to exceed \$25,000. Dependent children are eligible to age 19, or to age 25 if a full-time student.

## BENEFITS FOR ACCIDENTS

The FAMB endorsed Group AD&D Plan pays benefits for the following occurrences:

For the loss of:	The benefit will be:
Loss of Life	Full Amount
Loss of both hands, both feet or sight of both eyes	Full Amount
Loss of one hand and one foot	Full Amount
Loss of speech and hearing in both ears	Full Amount
Loss of one hand or one foot and sight of one eye	Full Amount
Loss of one hand or one foot or sight of one eye	50% of Full Amount
Loss of Speech	25% of Full Amount
Loss of hearing in both ears	25% of Full Amount
Loss of thumb and index finger of same hand	25% of Full Amount
Paralysis of one limb	25% of Full Amount
Paralysis of three limbs	75% of Full Amount
Quadriplegia	Full Amount
Paraplegia	50% of Full Amount
Hemiplegia	50% of Full Amount

## EMERGENCY TRAVEL ASSISTANCE BENEFIT

When traveling more than 100 miles from home, ING Travel Assistance offers you and your dependents four types of services: Pre-Trip Information, Emergency Personal Services, Medical Assistance Services, and Emergency Transportation Services. See *Travel Assistance brochure* for more details.

## ADDITIONAL BENEFITS AS PART OF YOUR PROTECTION

### Safe Driver Benefit

Your beneficiary will receive an additional 10% of benefit amount (up to \$25,000) if you have a fatal accident and are wearing a seatbelt at the time.

### Education Benefit

Your children can receive an additional 5% of benefit amount (up to \$5,000) per year for up to four years to continue their education.

### Child Care Benefit

If you have children under 13, they are eligible to receive an additional 3% of benefit (up to \$2,500) annually for up to six years if you die in a covered accident.

### Common Carrier Benefit

An additional 50% of benefit amount (up to \$50,000) additional benefits if loss occurs while traveling as a fare-paying passenger of boarding or debarking a licensed common carrier.

### Training Benefit

Your spouse or domestic partner can receive an additional 5% of benefit amount (up to \$5,000) to attend a professional or trade training program.

### Total and Permanent Disability Benefit

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

### Exclusions

ReliaStar Life does not pay benefits for loss directly or indirectly caused by any of the following: (a) An accident occurring before the Effective Date of the Group Policy; (b) Suicide or intentionally self-inflicted injury, while sane or insane; (c) Physical or mental illness; (d) Bacterial infection or bacterial poisoning. Exception: Infection from a cut or wound caused by an accident; (e) Any armed conflict, whether declared as war or not, involving any country or government; (f) An accident which occurs when the insured person commits or attempts to commit a crime; (g) Use of any drug, narcotic or hallucinogenic agent, unless prescribed by a doctor or taken as directed by a doctor or the manufacturer; (h) The Insured person's intoxication. Intoxication means the individual's blood alcohol content meets or exceeds the legal presumption of intoxication under the laws of the state where the accident occurred.

### Termination

You may maintain your Group Accidental Death and Dismemberment Insurance coverage until age 85, as long as the Master Policy remains in force, you remain an FAMB member or an employee of an FAMB 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.

### Programs Administrator

For all inquiries, contact The FAMB Insurance & Retirement Programs administrator: BPC Financial, 7645 Gate Parkway, Suite 101, Jacksonville, FL 32256. 1-800-282-8626. [www.MemberBenefits.com](http://www.MemberBenefits.com)

### The Organization Behind The Coverage

Your insurance is provided by ReliaStar Life Insurance Company, rated "A+" (Superior) by A.M. Best, an independent insurance rating agency. This is the second of 15 rating categories ranging from A++ to F for operating performance and financial strength. ReliaStar Life Insurance Company, Minneapolis, MN has Minnesota roots tracing back to 1885. ReliaStar Life is a member of the ING family of companies and is a wholly owned indirect subsidiary of ING Groep N.V., an Amsterdam-based global leader in integrated financial services, providing banking, insurance and asset management businesses in over 50 countries worldwide.



*This document is for summary purposes only. For a complete description of benefits and limitations, please read your Certificate of Insurance. Policy form HP10GPIL. Florida Licensed Agent: Earl C. Trefry, Jr. CLU*



# Security When You Travel

**We live in a highly connected world where frequent domestic and international travel is the norm.** ING Travel Assistance offers you enhanced security for your leisure and business trips. You and your dependents will have toll-free or collect-call access to the ING Travel Assistance customer service center or access to the services provided on the website 24 hours a day, 365 days a year – from anywhere in the world.

## Covered Services

When traveling more than 100 miles from home, ING Travel Assistance offers you and your dependents four types of services: Pre-Trip Information, Emergency Personal Services, Medical Assistance Services, and Emergency Transportation Services.

### Pre-Trip Information

These valuable services help you start your trip the right way. ING Travel Assistance can provide you with important, up-to-date travel information including:

- Immunization requirements
- Visa & passport requirements
- Foreign exchange rates
- Embassy/consular referral
- Travel/tourist advisories
- Temperature & weather conditions
- Cultural information

### Emergency Personal Services

In the event of an unexpected situation of a non-medical nature, ING Travel Assistance offers access to several valuable services, including:

- Urgent message relay
- Interpretation/translation services
- Emergency travel arrangements
- Recovery of lost or stolen luggage or personal possessions
- Legal assistance and/or bail bond

#### IF YOU NEED EMERGENCY OR PRE-TRIP SERVICES...

...use the contact information on the reverse and identify yourself as an eligible participant in the ING Travel Assistance program. You will be asked to provide some additional information in order to confirm your eligibility under this program. Once your eligibility has been verified, ING Travel Assistance will arrange and provide the Emergency Transportation Services previously described.

Please note: Covered services are only eligible for payment through ING Travel Assistance if ING Travel Assistance was contacted at the time of service and arranged for the service. If costs are incurred for other services, you are responsible for those costs or reimbursement of those costs if initially paid by ING Travel Assistance; ING Travel Assistance will ask for your credit card and debit your account for the required amount.



#### ING TRAVEL ASSISTANCE

Contact ING Travel Assistance 24 hours a day, 365 days a year for Pre-Trip Information, Emergency Personal Services, Medical Assistance Services, and Emergency Transportation Services

In the US, Toll Free: 800.859.2821  
Worldwide, Collect: 202.296.8355  
Email: ops@europassistance-usa.com  
Web: www.europassistance-usa.com



## ING TRAVEL ASSISTANCE

### Medical Assistance Services Include:

- Medical referrals for local physicians and dentists
- Medical case monitoring
- Prescription assistance and eyeglass replacement
- Arrangement and payment of emergency medical services (up to \$10,000 with a written guarantee of reimbursement from the eligible participant.)

### Emergency Transportation Services\*

Should you need medical care or assistance while traveling, ING Travel Assistance can help. When deemed medically necessary by an ING Travel Assistance designated physician, evacuation and transportation to the nearest adequate medical facility that can properly treat your condition will be arranged and paid for on your behalf. Additional transportation services include:

- Visit of family member or friend
- Return of traveling companion
- Return of dependent children
- Return of vehicle
- Return of mortal remains

### How It Works

At any time before or during a trip, you may contact ING Travel Assistance for assistance services. It is recommended that you keep a copy of this summary with your travel documents. Use the wallet card to have convenient access to the numbers that you need.

\* The services listed above are subject to a maximum combined single limit of \$150,000.

### Exclusions and Limitations

- A. ING Travel Assistance shall not provide services enumerated if the covered service is sought as a result of your or your dependent's:
- Involvement in any act of war, invasion, acts of foreign enemies, hostilities (whether war is declared or not), civil war, rebellion, revolution, and insurrection, military or usurped power;
  - Travel against the advice of a physician;
  - Travel for the purpose of obtaining medical treatment;
  - Travel in any country in which the U.S. State Department issued travel restrictions;
  - Commission of or attempt to commit an unlawful act;
  - Being under the influence of drugs or intoxicants unless prescribed by a physician;
  - Pregnancy and childbirth (except for complications of pregnancy);
  - Mental or emotional disorders, unless hospitalized;
  - Participation as a professional in athletics;
  - Services provided for which no charge is normally made;
  - Travel within 100 miles of your permanent residence, unless in a foreign country.
- B. The services described above currently are available in every country of the world. Due to political and other situations in certain areas of the world, ING Travel Assistance may not be able to respond in the usual manner. It is your responsibility to inquire whether a country is "open" for assistance prior to your departure and during your stay.

ING Travel Assistance also reserves the right to suspend, curtail or limit its services in any area in the event of rebellion, riot, military uprising, war, terrorism, labor disturbance, strikes, nuclear accidents, acts of God or refusal of authorities to permit ING Travel Assistance to fully provide services.

- C. If you request a transport related to a condition that has not been deemed medically necessary by a physician designated by ING Travel Assistance in consultation with a local attending physician or to any condition excluded hereunder, and the Employer or Plan Sponsor agrees to be financially responsible for all expenses related to that transport, ING Travel Assistance will arrange but not pay for such transport to a medical facility or to your residence and will make such arrangements using the same degree of care and completeness as if ING Travel Assistance was providing service under this agreement. A waiver of liability will be required prior to arranging these transportation services.
- D. ING Travel Assistance shall not be responsible for any claim, damage, loss, cost, liability or expense which arises in whole or in part as a result of ING Travel Assistance's inability to reach the Employer's or Plan Sponsor's authorized Contact person for any reason beyond ING Travel Assistance's control, or as a result of the failure and/or refusal of the Employer or Plan Sponsor to authorize services proposed by ING Travel Assistance.

[www.ing.com/us](http://www.ing.com/us) [www.ingemployeebenefits-us.com](http://www.ingemployeebenefits-us.com)

Products that span the financial spectrum. Distribution through customers' channel of choice. Services to help manage financial, benefits, and retirement programs. The ING family of companies in the United States provides financial solutions for individuals, organizations and companies. Through a network of wholly owned, indirect subsidiaries, we help people prepare for a financial future. Your goals are our business. Insurance products and services provided by ReliaStar Life Insurance Company. ING Travel Assistance services provided by Europ Assistance USA, 1825 K Street N.W., Suite 1000, Washington, DC 20006. Products and services may not be available in all states. © 2007 ING North America Insurance Corporation.



# FAMB MEMBER GROUP AD&D INSURANCE PLAN

## ENROLLMENT INSTRUCTIONS:

### 1) COMPLETE ENROLLMENT FORM

### 2) COMPLETE PAYMENT METHOD FORM

#### **Payment Option 1**

If you elect to pay by Monthly Bank Draft (ACH), you do not need to send any premium. We will automatically draft your account on a monthly basis.

#### **Payment Option 2**

If you elect to pay by check or money order, **please make payment written out to BPC Financial**, for the first installment according to the payment frequency that you choose.

### 3) MAIL OR FAX FORMS TO:

BPC Financial  
7645 Gate Parkway  
Suite 101  
Jacksonville, FL 32256

Phone (800) 282-8626  
Fax (904) 396-2091

### 4) IMPORTANT:

Your coverage will become effective on the 1st of the month following receipt of your Enrollment Form and your payment. When you receive your Certificate of Coverage, review it carefully. Be sure you understand all of your rights and benefits under the plan. If you are not completely satisfied, for any reason, please notify us within 10 days to receive a full refund of your payment.

If you have any questions, please call us toll free at **1-800-282-8626**.



# GROUP ACCIDENTAL DEATH & DISMEMBERMENT ENROLLMENT FORM

## Mail or Fax to Administrator:

BPC Financial  
7645 Gate Parkway, Suite 101, Jacksonville, FL 32256  
Toll Free (800) 282-8626 Fax (904) 396-2091

### INDICATE COVERAGE DESIRED

Indicate Accidental Death & Dismemberment Face Amount (\$250,000 - \$500,000): \_\_\_\_\_

Plan Type:     Enrollee Only                       Enrollee & Family

### PRIMARY ENROLLEE INFORMATION

VERY IMPORTANT - PLEASE PRINT LEGIBLY (Please leave one blank box between each word)

Name: \_\_\_\_\_  
(Last, First, Middle)

Mailing Address: \_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City)    \_\_\_\_\_ (State)                      \_\_\_\_\_ (Zip)

Male  
 Female

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Month)    (Day)    (Year)

Member of the FAMB     Employee of FAMB Member      Phone # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email address: \_\_\_\_\_

### AUTOMATIC BENEFICIARY INFORMATION

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 children, or 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. If space below is not sufficient, please attach separate page.

Enrollee's beneficiary: \_\_\_\_\_  
(Last, First, Middle)

Relationship to Enrollee: \_\_\_\_\_

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

I wish to enroll in the FAMB endorsed Group 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.

Signature of Enrollee \_\_\_\_\_ Date \_\_\_\_\_

## PLEASE INDICATE YOUR PAYMENT METHOD

- I wish to use Monthly Auto-Pay. I have attached a VOID check and completed the Authorization below.
- Please bill me directly: (If you select this method, you must submit a check or money order for that amount)
- Annually                       Semi-Annually                       Quarterly

## MONTHLY AUTO PAY AUTHORIZATION FORM

You may pay your insurance premiums monthly through monthly pre-authorized debit transactions (ACH) at no additional cost. If you would like to take advantage of this payment option, please complete the form below, attach a voided check, sign and return.

NAME: \_\_\_\_\_

I hereby authorize BPC Financial initiate debit entries and to initiate, if necessary, credit entries as adjustments for any debit entries in error to my Checking account and the Financial Institution named below to debit and/or credit the same account. BPC Financial will not be held responsible for a policy lapse or cancellation due to nonpayment if withdrawal is prepared and not honored for any reason and amount due is not paid. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

FINANCIAL INSTITUTION: \_\_\_\_\_

BRANCH: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

This authority is to remain in full force and effective until BPC Financial and The Financial Institution have received written notice from me of its termination in such time and manner as to afford BPC Financial and The Financial Institution a reasonable opportunity to act on it.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## ATTACH VOIDED CHECK BELOW

Attach a voided check here. All total costs will be drawn the 1st of the month.

NOTE: IF THE ACH DEBIT IS RETURNED FOR NONSUFFICIENT FUNDS. A \$25 NONREFUNDABLE SERVICE FEE WILL BE APPLIED WHEN ALLOWED BY LAW.