

ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE ENROLLMENT FORM



The Association of
Accountants and
Financial Professionals
in Business

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

Name: _____
Last First MI

Add 1: _____

Add 2: _____

City, St., Zip: _____

To Enroll:

Send this completed form with your premium check payable to:

ADMINISTRATOR

IMA GROUP INSURANCE PROGRAM

P.O. Box 14533

Des Moines, IA 50306 or

Email the completed form to: ima.service@getamba.com

QUESTIONS?

Call: 1-800-448-3436

Email: ima.service@getamba.com

Underwritten by:

ReliaStar Life Insurance Company

Minneapolis, MN

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 \$550,000.00 of benefit amount in increments of \$5,000. 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 1-800-448-3436.

3. AUTOMATIC BENEFICIARY DESIGNATION FOR THE INSTITUTE OF MANAGEMENT ACCOUNTANTS.

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 IMA 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 (always required) _____ Date _____

NOTICE APPLICABLE TO OREGON RESIDENTS

The fraud warning contained on any application/enrollment form contained in this solicitation is not applicable to Oregon residents. The following fraud notice is applicable to Oregon residents only.

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 may be committing a fraudulent insurance act, and may subject such person to criminal and civil penalties, and denial of insurance benefits.

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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.

Checking Account

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) Insurance Plan for Institute of Management Accountants



The Association of Accountants and Financial Professionals in Business

ACCIDENTS DO HAPPEN

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

The IMA 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 competitive. The rates are affordable. So sign up yourself and your family today.

Choose a minimum of \$25,000 to a maximum of \$550,000 in increments of \$5,000.

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

ANNUAL RATES

Member's Principal Sum	Annual Premium Contributions
\$25,000	\$10.50
\$50,000	\$21.00
\$75,000	\$31.50
\$100,000	\$42.00
\$150,000	\$63.00
\$200,000	\$84.00
\$250,000	\$105.00
\$300,000	\$126.00
\$350,000	\$147.00
\$400,000	\$168.00
\$450,000	\$189.00
\$500,000	\$210.00
\$550,000	\$231.00

Family Plan

Member's Principal Sum	Spouse ¹	Each Child	Annual Premium Contributions
\$25,000	\$10,000	\$2,500	\$16.20
\$50,000	\$20,000	\$5,000	\$32.40
\$75,000	\$30,000	\$7,500	\$48.60
\$100,000	\$40,000	\$10,000	\$64.80
\$150,000	\$60,000	\$15,000	\$97.20
\$200,000	\$80,000	\$20,000	\$129.60
\$250,000	\$100,000	\$25,000	\$162.00
\$300,000	\$120,000	\$30,000	\$194.40
\$350,000	\$140,000	\$35,000	\$226.80
\$400,000	\$160,000	\$40,000	\$259.20
\$450,000	\$180,000	\$45,000	\$291.60
\$500,000	\$200,000	\$50,000	\$324.00
\$550,000	\$220,000	\$55,000	\$356.40

When you reach age 75, any Principal Sum in excess of \$120,000 will be reduced to a maximum of \$120,000. Premiums do not reduce.

Coverage terminates at age 85. Rates are guaranteed until June 30, 2024.

Rates do not increase with age. The rates in this brochure will not be changed unless they are changed for all insureds in your classification.

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.

YOU ARE GUARANTEED ACCEPTANCE

All members 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. This coverage is available only to residents of the United States and may not be available in all states. Please contact the administrator for details.

FAMILY COVERAGE

Your spouse¹ and dependent children (14 days to age 25) are also guaranteed coverage. Your spouse¹ 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.

SAFE DRIVER BENEFIT

Your beneficiary will receive an additional 10% of the member benefit amount (up to \$25,000) if you have a covered fatal car accident and are wearing a seat belt 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. It will be paid 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

ReliaStar Life pays additional benefits up to 50% of the member benefit (to a maximum of \$50,000) 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 spouse¹ can receive an additional 5% of the member 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 member 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 member benefit (to a maximum of \$5,000) for transportation expenses 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 member benefit (to a maximum of \$30,000) for burn disfigurement if due to a covered accident that results in 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% of the member benefit 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 spouse¹ die within one year as a result of a covered accident. This benefit increases the spouse¹ coverage to 100% of member'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.

Loss of:	% of Benefit Paid
Life	100%
Sight of both eyes	100%
Two limbs	100%
Paralysis of three limbs	75%
Hemiplegia.....	50%
Loss of speech	50%
Thumb and index finger of same hand	25%
Speech and hearing (in both ears)	100%
Quadriplegia.....	100%
Paraplegia	75%
One limb	50%
Hearing in both ears	50%
Sights of one eye.....	50%
Paralysis of one limb.....	25%

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.

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

DO NOT DELAY!

IMPORTANT

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

Once you receive your certificate, review your plan to discuss with family and advisors. If for any reason you're not completely satisfied, you may return your certificate within 30 days for a full refund of premiums paid, provided no claims have been submitted or paid.

The premium quoted includes compensation of 25% from ReliaStar Life Insurance Company received by Association Member Benefits Advisors, LLC for providing services that may include enrollments, ongoing servicing, billing and communications. All marketing expenses associated with this program are paid by AMBA.

TERMINATION

You may maintain your Accidental Death and Dismemberment Insurance coverage until age 85, as long as the Group Policy remains in force, you remain an IMA 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.

Administered by:



Association Member Benefits Advisors, LLC (AMBA)

P.O. Box 14533
Des Moines, IA 50306

AR Insurance License #100114462
CA Insurance License #0I96562
In CA d/b/a Association Member Benefits
& Insurance Agency

QUESTIONS?

Call: 1-800-448-3436

Email: ima.service@getamba.com

Web: <https://www.imainsurance.org>

Group AD&D Insurance Underwritten by:

ReliaStar Life Insurance Company
Minneapolis, MN

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. Exception: If you are a Missouri citizen and commit suicide while insane, ReliaStar Life pays benefits unless we are able to prove that you intended to commit suicide when you applied for AD&D Insurance.
- Physical or mental illness.
- Bacterial infection or bacterial poisoning. Exception: Unintentional or nonvoluntary inhalation of gas or poisons; infections which result from an accidental bodily injury; Bacterial infections which result from the ingestion of contaminated substances; infection from a cut or wound caused by an accident.
- Riding in or descending from an aircraft as a pilot or crew member.
- 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.

¹In Oregon, spouse includes domestic partner.

Coverage is underwritten by ReliaStar Life Insurance Company. Policy form HP010GP. The group policy is issued in Missouri and is governed by its laws.

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

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