

Application for the Nazarene Long-Term Disability Insurance Plan

STEP 1: Complete Personal Information

Name _____ M F

Address _____ E-Mail _____

City, State, Zip _____ Home Phone _____

Date of Birth (mm/dd/yy) _____ Social Security Number _____

Job Title _____ Credential _____

Employer _____ District _____

Employer's Address _____ Hours per week _____

Full-Time Service* Full-Livelihood Service* Evangelists: Sundays per year _____

*Full-time service to the local church employer is defined as no fewer than 30 hours per week for at least 30 weeks per calendar year. Full-livelihood service is defined as deriving at least 50 percent of compensation from such ministry.

Spouse's Name _____

Spouse's Date of Birth (mm/dd/yy) _____ Spouse's Soc. Sec. No. _____

STEP 2: Select Coverage Amounts

Choose your monthly benefit (3-Month Qualifying Period applies): \$500 \$750 \$1,000 \$1,250 \$1,500

Annual Premium \$ _____ (A) ÷ 12 = \$ _____ (B)

To calculate prorated premium due now, put in (C) the number of full months until January 1, _____ (C)

TOTAL DUE NOW (B x C) \$ _____

Complete and sign second page

STEP 3: Complete Payment Information

Pay via Automatic Monthly Payments, **OR** Annually

By Check

Send your check made payable to *Pensions and Benefits USA* along with this completed application to the address below. (Note: Checks sent to P&B will be converted into an electronic payment at the time of receipt. Therefore, we cannot accept online banking checks.)

OR

By Credit/Debit Card

_____ Visa _____ Master Card _____ Discover Card _____ American Express Card

Card Number _____

Expiration Date (MM/YYYY) _____

Name as it appears on Card _____

Signature: _____ Date _____

STEP 4: Date and Sign Your Application

Date _____ Signature _____
Please sign in ink


NOTICE OF EFFECTIVE DATE: You are covered on the day your completed application and premium payment are received by Pensions and Benefits USA, provided you are actively at work on a full-time basis at your usual place of business.

NOTICE OF PREEXISTING CONDITIONS LIMITATIONS: Coverage is issued with a preexisting conditions limitation. If you have received treatment for a medical condition within the 6 months immediately preceding the date your coverage is effective, then you must satisfy one of the following: (1) go 6 months free of treatment on or after your effective date; or (2) be insured for 12 months even with treatment. **This preexisting conditions limitation does not apply to any other cause of disability.**

P&B Office Use Only

Received _____ Effective _____

Certificate No. _____ -05

	<p>Pensions and Benefits USA—Church of the Nazarene 17001 Prairie Star Pkwy., Lenexa, KS 66220-7900 Toll-free phone: 1-888-888-4656 Toll-free fax: 1-800-334-0634</p>
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