

Application for the Nazarene Accidental Death and Dismemberment 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 _____

Evangelists: Sundays per year _____

Spouse's Name _____

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

Names and Ages of Children _____

Insurance on my life is payable to (full name) _____

related to me as _____

The beneficiary of any life insurance covering the dependents will be the primary insured.

STEP 2: Select Coverage Amounts

| | Coverage chosen | Premium per \$50,000: | Annual Premium |
|---|-----------------------------|----------------------------------|----------------|
| Primary Coverage | _____ | \$18.00 | _____ (A) |
| No. of Dependent Units | _____ | Premium per unit: x \$12.00 = | _____ (B) |
| <small>(The maximum number of dependent units available is determined by amount of coverage on yourself.)</small> | | | |
| | Calculate your monthly cost | _____ (A+B) ÷ 12 = | _____ (C) |
| To calculate prorated premium due now, put in (D) the number of full months until January 1, _____ (D) | | | |
| TOTAL DUE NOW (C x D) | | | \$ _____ |

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. Insurance on dependents will not become effective until the primary insured's insurance is effective. If any dependent is confined in a hospital, the effective date for insurance coverage for such dependent will be delayed until final discharge from the hospital.

P&B Office Use Only

Received _____ Effective _____

Certificate No. _____

| | |
|---|--|
|  | <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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