

Application for the Nazarene Accidental Death and Dismemberment Insurance Plan

Nazarene Accidental Death and Dismemberment (ADD) insurance from Pensions and Benefits and The Hartford provides support after a death or serious accident to help your family financially. Covered events include accidental death, paralysis, third-degree burns, comas, and loss of speech, hearing, sight, or limbs.

A qualified minister or church-employed layperson may apply for coverage in increments of \$50,000, up to a maximum of \$200,000, with dependent coverage of up to \$100,000. For details and rates, see the *Nazarene Supplemental Insurance Guide* at **pbusa.org**.

Use this application to request Nazarene ADD insurance coverage. After downloading this form, you may complete it with your computer, but you will need to print, sign, and return it to Pensions and Benefits. This may be done via USPS mail (see address on page 2), as an attachment to **pensions@nazarene.org**, or via FAX (800-334-0634). If you have questions, we're here to help at **888-888-4656**.

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 XXX - XX - _____

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 SS Number XXX - XX - _____

Names and Ages of Children _____

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

related to me as _____

(Note: the beneficiary of any life insurance covering the dependents will be the primary insured.)

STEP 2: Select Coverage Amounts

Primary Coverage	Amount of Coverage Chosen _____	Premium per \$50,000 unit x \$18.00 = _____	Annual Premium _____ (A)
No. of Dependent Units	_____	Premium per \$25,000 unit x \$12.00 = _____	(B)
(Note: the maximum number of dependent units available is determined by amount of coverage on yourself.)			
Calculate your monthly cost _____ (A+B) ÷ 12 = _____			(C)
To calculate your prorated premium, enter the number of FULL months until January 1 on line D. _____			(D)
TOTAL DUE (C x D)			\$ _____

STEP 3: 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. _____ -06



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