

MIDDLESEX COUNTY BAR ASSOCIATION  
87 BAYARD ST  
NEW BRUNSWICK, NJ 08901



**Learn about your Member  
benefits: Important  
information inside!**

**Middlesex County Bar Association**

FOR YOU FROM UNUM

**Don't miss your chance:  
Get valuable financial protection now!**

Middlesex County Bar Association is offering you this coverage:

Term Life Insurance with Accidental Death & Dismemberment (AD&D)

**How to enroll:**

Submit the completed paper form to Couch Braunsdorf via email at [benefits@couchbraunsdorf.com](mailto:benefits@couchbraunsdorf.com) or via fax at 908-580-1272

Please be sure to provide your:

- Personal Information
- Coverage Choices
- Spouse and dependent information (if applicable)
- Beneficiary information
- Signature and date
- Evidence of Insurability Form (if applicable)



## Term Life and Accidental Death & Dismemberment (AD&D) Insurance

can provide money for your family if you die or are diagnosed with a terminal illness.

### How does it work?

You choose the amount of coverage that's right for you, and you keep coverage for a set period of time, or "term." If you die during that term, the money can help your family pay for basic living expenses, final arrangements, tuition and more.

AD&D Insurance is also available, which pays a benefit if you survive an accident but have certain serious injuries. It pays an additional amount if you die from a covered accident.

### Why is this coverage so valuable?

If you buy a minimum of \$10,000 of coverage now, you can increase your coverage in the future up to \$120,000 to meet your growing needs. You won't have to answer any health questions or take a health exam.

### Who can get Term Life coverage?

If you are actively at work at least 24 hours per week, you may apply for coverage for:

<b>You</b>	Choose from \$10,000 to \$1,000,000 in \$10,000 increments, up to 5 times your earnings.  You can get up to \$120,000 with no health questions. This is your guaranteed issue amount.
<b>Your Spouse</b>	Get up to \$250,000 of coverage in \$5,000 increments.  Your spouse can get up to \$25,000 with no health questions, if eligible (see delayed effective date). This is their guaranteed issue amount.
<b>Your Children</b>	Get up to \$10,000 of coverage in \$2,000 increments. One policy covers all of your children until their 19th birthday – or until their 25th birthday if they are full-time students.  The maximum benefit for children from live birth to 14 days is \$0. The maximum benefit for children 14 days to 6 months is \$1,000.

### What else is included?

#### A "Living" Benefit

If you are diagnosed with a terminal illness with less than 12 months to live, you can request 50% of your life insurance benefit (up to \$750,000) while you are still living. This amount will be taken out of the death benefit, and may be taxable.

#### Waiver of premium

Your cost may be waived if you are totally disabled for a period of time.

#### Portability

You may keep this coverage even if you cease to be an active member of the Middlesex County Bar Association.

Members or dependents who have a sickness or injury having a material effect on life expectancy at the time their group coverage ends are not eligible for portability.

### Who can get Accidental Death & Dismemberment (AD&D) coverage?

<b>You</b>	Get up to \$500,000 of AD&D coverage for yourself in \$10,000 increments to a maximum of 5 times your earnings.
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No questions or health exams required.

All Active Full-Time Lawyers working 24 hours per week in the United States. Members must be insured under the plan in order for spouses and dependents to be eligible for coverage.

You can purchase coverage for your spouse or children. If they are disabled when their coverage would normally begin, their coverage effective date will be delayed. Refer to the "Delayed effective date" section of the disclosures for more information.

# Term Life Insurance and Accidental Death & Dismemberment (AD&D)

## Worksheet

### Calculate your costs

1. Enter the Term Life coverage amount you want.  
†
2. Divide by the amount shown.
3. Multiply by the rate. Use the Term Life rate table (at right) to find the rate based on age. (Choose the age you will be when your coverage becomes effective on 01/01/2017. To determine your spouse rate, choose the age the spouse will be when coverage becomes effective on 01/01/2017.)
4. Enter your monthly cost.

Term Life	1	2	3	4
Member	\$ _____,000	÷ \$10,000 = \$ _____	X \$ _____	= \$ _____
Spouse	\$ _____,000	÷ \$5,000 = \$ _____	X \$ _____	= \$ _____
Child	\$ _____,000	÷ \$2,000 = \$ _____	X \$ _____	= \$ _____
<b>Total cost</b>				

Term Life monthly rate for Member			Spouse monthly rate	Child monthly rate
Age	Per \$10,000 of coverage		Per \$5,000 of coverage	\$0.730 per \$2,000 of coverage
	Tobacco††	Non-tobacco		
15 - 24	\$0.936	\$0.744	\$0.288	
25 - 29	\$0.960	\$0.780	\$0.384	
30 - 34	\$1.248	\$1.008	\$0.576	
35 - 39	\$1.896	\$1.452	\$0.888	
40 - 44	\$3.036	\$2.196	\$1.344	
45 - 49	\$4.776	\$3.468	\$2.058	
50 - 54	\$7.440	\$5.064	\$3.054	
55 - 59	\$9.828	\$7.416	\$4.386	
60 - 64	\$12.504	\$9.756	\$5.910	
65 - 69	\$17.268	\$13.956	\$8.568	
70 - 74	\$32.388	\$26.400	\$16.206	
75+	\$94.200	\$82.428	\$50.094	

1. Enter the AD&D coverage amount you want.  
†
2. Divide by the amount shown.
3. Multiply by the rate. Use the AD&D rate table (at right) to find the rate.
4. Enter your monthly cost.

AD&D	1	2	3	4
Member	\$ _____,000	÷ \$10,000 = \$ _____	X \$0.388	= \$ _____
<b>Total cost</b>				

AD&D monthly rates		
	Coverage amount	Rate
Member	per \$10,000	\$0.388

Billed amount may vary slightly. † If you apply for coverage above the guaranteed issue amount, you will be asked health-related questions which may affect your ability to get the larger coverage amount. In order to purchase coverage for your dependents, you must buy coverage for yourself. Coverage amounts cannot exceed 100% of your coverage amounts. †† A tobacco user is defined as anyone who currently uses or has used a tobacco product within the last 12 months.

# Notes

A series of horizontal dotted lines for writing notes.



### Term Life Insurance and Accidental Death & Dismemberment (AD&D)

#### Actively at work

Eligible **members** must be actively at work to apply for coverage. Being actively at work means on the day the **member** applies for coverage, the individual must be working at one of his/her company's business locations; or the individual must be working at a location where he/she is required to represent the **firm**. If applying for coverage on a day that is not a scheduled workday, the **member** will be considered actively at work as of his/her last scheduled workday. **Members** are not considered actively at work if they are on a leave of absence or lay off.

An unmarried handicapped dependent child who becomes handicapped prior to the child's attainment age of 26 may be eligible for benefits. Please see your plan administrator for details on eligibility.

#### Exclusions and limitations

Life insurance benefits will not be paid for deaths caused by suicide occurring within 24 months after the effective date of coverage. The same applies for increased or additional benefits.

#### AD&D specific exclusions and limitations:

Accidental death and dismemberment benefits will not be paid for losses caused by, contributed to by, or resulting from:

- Disease of the body; diagnostic, medical or surgical treatment or mental disorder as set forth in the latest edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM)
- Suicide, self-destruction while sane, intentionally self-inflicted injury while sane or self-inflicted injury while insane
- War, declared or undeclared, or any act of war
- Active participation in a riot
- Committing or attempting to commit a crime under state or federal law
- The voluntary use of any prescription or non-prescription drug, poison, fume or other chemical substance unless used according to the prescription or direction of your or your dependent's doctor. This exclusion does not apply to you or your dependent if the chemical substance is ethanol.
- Intoxication – "Being intoxicated" means your or your dependent's blood alcohol level equals or exceeds the legal limit for operating a motor vehicle in the state or jurisdiction where the accident occurred.

#### Delayed effective date of coverage

Insurance coverage will be delayed if you are not an active **Bar Association Member** because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective.

Dependent Spouse and/or Child: Insurance coverage will be delayed if that dependent is totally disabled on the date that insurance would otherwise be effective. Exception: infants are insured from live birth.

"Totally disabled" means that, as a result of an injury, a sickness or a disorder:

Your dependent spouse:

- is confined in a hospital or similar institution;
- is confined at home under the care of a physician for a sickness or injury; or
- has a life threatening condition.

Your dependent children:

- are confined in a hospital or similar institution; or
- are confined at home under the care of a physician for a sickness or injury.

#### Age reduction

Coverage amounts for life and AD&D Insurance for you and your dependents will reduce to 50% of the original amount when you reach age 65, and will reduce to 25% of the original amount when you reach age 70. Coverage may not be increased after a reduction.

#### Termination of coverage

Your coverage and your dependents' coverage under the policy ends on the earliest of:

- The date the policy or plan is cancelled
- The date you no longer are in an eligible group
- The date your eligible group is no longer covered
- The last day of the period for which you made any required contributions
- The last day you are actively employed (unless coverage is continued due to a covered layoff, leave of absence, injury or sickness), as described in the certificate of coverage

In addition, coverage for any one dependent will end on the earliest of:

- The date your coverage under a plan ends
- The date your dependent ceases to be an eligible dependent
- For a spouse, the date of a divorce or annulment
- For dependents, the date of your death

Unum will provide coverage for a payable claim that occurs while you and your dependents are covered under the policy or plan.

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Form C.FP-1 et al or contact your Unum representative.

Life Planning Financial & Legal Resources services, provided by LifeWorks, are available with select Unum insurance offerings. Terms and availability of service are subject to change. Service provider does not provide legal advice; please consult your attorney for guidance. Services are not valid after coverage terminates. Please contact your Unum representative for details.

Unum complies with state civil union and domestic partner laws when applicable.

#### Pre-existing conditions

Benefits for a pre-existing condition (defined as a sickness or injury, or symptoms of a sickness or injury, whether diagnosed or not, for which you received medical treatment, medical advice, care or services, including diagnostic measures, took prescribed drugs or medicine, or had been prescribed drugs or medicine to be taken during the months prior to your effective date) will not be paid if the date of the covered loss occurs during the first months after your effective date.

Underwritten by:

Unum Life Insurance Company of America, Portland, Maine

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# Term Life Insurance

## Complete this form to enroll.

Please complete both sides of this form to ensure a smooth enrollment. If you need assistance, please contact your plan administrator.

Middlesex County Bar Association

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### Step 1: Complete your personal information

First name (please print)  M. initial  Last name   
 Social Security Number  Gender (M/F)  Date of birth (mm-dd-yyyy)  Used tobacco in the last 12 months? (Y/N)   
 Street address  Apartment #   
 City  State  ZIP code  -   
 Original hire date  Annual salary \$

Spouse first name (please print)  M. initial  Last name   
 Date of birth (mm/dd/yyyy)  Used tobacco in the last 12 months? (Y/N)

### Step 2: Choose a coverage amount (you may use the worksheet to calculate your cost)

Remember: The coverage amounts you choose for your spouse or child cannot exceed 100% of the coverage amount you purchase for yourself.

#### Term Life Insurance

\* If you've chosen life coverage over the amount of \$120,000 for you, or \$25,000 for your spouse, please complete Evident of Insurability form. Contact Couch Braunsdorf for more information: 908-542-1700 ext 806 or [benefits@couchbraunsdorf.com](mailto:benefits@couchbraunsdorf.com)

Member	Spouse	Child
<b>Coverage amount</b>	<b>Coverage amount</b>	<b>Coverage amount</b>
<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$15,000	<input type="checkbox"/> \$2,000
<input type="checkbox"/> \$50,000	<input type="checkbox"/> \$20,000	<input type="checkbox"/> \$6,000
<input type="checkbox"/> \$70,000	<input type="checkbox"/> \$25,000 *	<input type="checkbox"/> \$10,000
<input type="checkbox"/> \$100,000		
<input type="checkbox"/> \$120,000 *		

Want a different amount?  \$ 
                 
  \$ 
                 
  \$

#### AD&D insurance

Member	
Coverage amount	Monthly cost
<input type="checkbox"/> \$10,000	\$0.39
<input type="checkbox"/> \$50,000	\$1.94
<input type="checkbox"/> \$70,000	\$2.72
<input type="checkbox"/> \$100,000	\$3.88
<input type="checkbox"/> \$120,000	\$4.66

Want a different amount?  \$

DETACH AND RETURN THIS FORM

### Step 3: Name your beneficiaries

**Your primary beneficiary** is the person (or persons) who will receive the benefit payment from your life insurance policy if you were to die. **The total percent of benefit** must not exceed 100%.

First name (please print)	M. initial	Last name	Relationship (parent, child, friend, etc.)	% of benefit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First name (please print)	M. initial	Last name	Relationship (parent, child, friend, etc.)	% of benefit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First name (please print)	M. initial	Last name	Relationship (parent, child, friend, etc.)	% of benefit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First name (please print)	M. initial	Last name	Relationship (parent, child, friend, etc.)	% of benefit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Your secondary beneficiary** would receive the benefit payment from your life insurance policy if a primary beneficiary is no longer living.

First name (please print)	M. initial	Last name	Relationship (parent, child, friend, etc.)	% of benefit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First name (please print)	M. initial	Last name	Relationship (parent, child, friend, etc.)	% of benefit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First name (please print)	M. initial	Last name	Relationship (parent, child, friend, etc.)	% of benefit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First name (please print)	M. initial	Last name	Relationship (parent, child, friend, etc.)	% of benefit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### Step 4: Sign and certify

I have read and understand the "Exclusions and limitations" listed on the Benefit Brochure. All statements are true to the best of my knowledge and belief. I understand that a copy of this form will be made available to me at my request. I authorize Couch Braunsdorf's third party administrator, ISI, to bill me the appropriate premium amount. I understand that the amount billed will change if my coverage or costs change, or I've made an error completing this form.

\_\_\_\_\_  
Signature

\_\_\_ / \_\_\_ / \_\_\_\_  
Date

**No, I do not want coverage under the Term Life Insurance.**

**No, I do not want coverage under Accidental Death & Dismemberment.**

I understand that if I elect coverage in the future, I may need to complete evidence of insurability relative to my health status in order for Unum to determine my eligibility for coverage.

\_\_\_\_\_  
Signature

\_\_\_ / \_\_\_ / \_\_\_\_  
Date

Return forms to: Couch Braunsdorf  
via fax 908-580-1272 or email  
benefits@couchbraunsdorf.com

#### Delayed effective date of coverage

Insurance coverage will be delayed if you are not an **actively practicing member** because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective.

For your dependent spouse and children, insurance coverage will be delayed if that dependent is totally disabled on the date that insurance would otherwise be effective. Totally disabled means that as a result of an injury, a sickness, or disorder your dependent spouse and children: are confined in a hospital or similar institution; are confined at home under the care of a physician for a sickness or injury; or your spouse has a life-threatening condition. Exception: Infants are insured from live birth.

