

ADD

AD&D: Application Form



1. Fill out application.
2. Sign and Date the form.
3. Submit your application to the Trust.



CCPOA Benefit Trust Fund | 2515 Venture Oaks Way, Suite 200 | Sacramento, CA 95833-4235 | (916) 779-6300 | www.ccpoabtf.org

Request for Group Insurance from:	Group Accidental Death And Dismemberment Insurance			Active	
Underwritten by: Metropolitan Life Insurance Company 200 Park Avenue New York, NY 10166 Offered through CCPOA Benefit Trust Fund (916) 779-6300				Mail completed form to: CCPOA Benefit Trust Fund 2515 Venture Oaks Way, Suite 200 Sacramento, CA 95833-4235	
MEMBER INFORMATION					
Full Name (First):	(Middle Initial)	(Last)	Birthdate:	SSN (Last 4):	Sex: ☐ Male ☐ Female
Address:			City:	State:	ZIP:
Phone:			Smoker:: ☐ Yes ☐ No	Employee Hire Date:	Occupation or Position:
E-mail:					
Beneficiary:		Relationship:		Beneficiary SSN:	Beneficiary Occupation:
Beneficiary Address: <i>Applicant will be Spouse's and Dependent's beneficiary</i>					
DEPENDENT INFORMATION Note: If you need to ADD ADDITIONAL DEPENDENTS, please attach another sheet of paper					
Dependent:	Relationship:		Date of Birth:	Sex: ☐ Male ☐ Female	
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Plan Selection (Check One) ☐ Member Only ☐ Family Plan*			Amount of Insurance - Spouse and Children covered only if Family Plan is checked		
AMOUNT REQUESTED: \$ _____ <i>See Back for Rate Chart</i>			Member 100% of Principal Sum	Spouse 60% of Principal Sum (if NO children) 50% of Principal Sum (if children)w	Each Child 15% of Principal Sum (if spouse) 20% of Principal Sum (if NO spouse)
Is spouse an Active or Retired CCPOA Member? Check box: ☐ Yes or ☐ No Note: If you are covered as a member, you cannot be covered as a dependent of another member.					
I hereby enroll in the Accidental Death and Dismemberment Program, underwritten by Metropolitan Life Insurance Company and offered through the CCPOA Benefit Trust Fund. I have read and understand the conditions and exclusions of the program. I understand that my coverage will become effective upon the first day of the month following the administrator's receipt of this enrollment form and my first premium payment.					
Fraud Notice – For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.					
By signing and dating this application, I request the insurance indicated, understand the effective date criteria, and attest to having read the Fraud Notice indicated above, and that to the best of my knowledge and belief, the answers to the questions are true and complete. I understand the principal sum automatically reduces based on the schedule in my Certificate of Insurance and that the premium is payroll deducted.					
Signature of Applicant:				Date of Application:	
X					

COVERAGE AMOUNT:

Amount of Insurance - Spouse and Children covered only if Family Plan is checked		
Member 100% of Principal Sum	Spouse 60% of Principal Sum (if NO children) 50% of Principal Sum (if children)	Each Child 15% of Principal Sum (if spouse) 20% of Principal Sum (if NO spouse)
Rates are based on per \$1,000 of coverage. Rates are in \$25K increments, up to \$1M Max		Member Only: \$0.050/\$1,000 Family: \$0.060/\$1,000

SAMPLE RATE CHART: Monthly Premium

	\$25,000	\$50,000	\$100,000	\$500,000	\$1,000,000
Member Only	\$1.25	\$2.50	\$5.00	\$25.00	\$50.00
Family	\$1.50	\$3.00	\$6.00	\$30.00	\$60.00

You may purchase coverage in any amount up to \$1,000,000 in increments of \$25,000.
Your premium is deducted monthly.

AD&D MONTHLY PREMIUM		
	Member Only	Family
25,000	1.25	1.50
50,000	2.50	3.00
75,000	3.75	4.50
100,000	5.00	6.00
125,000	6.25	7.50
150,000	7.50	9.00
175,000	8.75	10.50
200,000	10.00	12.00
225,000	11.25	13.50
250,000	12.50	15.00
275,000	13.75	16.50
300,000	15.00	18.00
325,000	16.25	19.50
350,000	17.50	21.00
375,000	18.75	22.50
400,000	20.00	24.00
425,000	21.25	25.50
450,000	22.50	27.00
475,000	23.75	28.50
500,000	25.00	30.00

AD&D MONTHLY PREMIUM		
	Member Only	Family
525,000	26.25	31.50
550,000	27.50	33.00
575,000	28.75	34.50
600,000	30.00	36.00
625,000	31.25	37.50
650,000	32.50	39.00
675,000	33.75	40.50
700,000	35.00	42.00
725,000	36.25	43.50
750,000	37.50	45.00
775,000	38.75	46.50
800,000	40.00	48.00
825,000	41.25	49.50
850,000	42.50	51.00
875,000	43.75	52.50
900,000	45.00	54.00
925,000	46.25	55.50
950,000	47.50	57.00
975,000	48.75	58.50
1,000,000	50.00	60.00

