



Office of the Administrator
P.O. Box 14536
Des Moines, IA 50306

Dear ROA Member,

This is your official notice concerning the high-benefit, relatively low-cost ROA Enhanced Group Accidental Death & Dismemberment (Enhanced AD&D) Insurance Plan.

Act now for up to \$500,000.00 in benefits, payable for a covered fatal accident. This plan also provides educational and child care benefits in the event of your covered death. Your beneficiary can also receive an additional 50% of the benefit amount (up to \$50,000.00) if loss occurs while traveling as a fare-paying passenger or boarding or debarking a licensed common carrier. In addition, you will receive the full benefit amount if you are permanently disabled – as defined in the certificate.

As an ROA Member under age 70, you are guaranteed acceptance into the plan with group rates, which are generally unavailable to the public. For example, \$150,000.00 of individual member coverage costs about 45 cents a day.

To enroll:

- Fill out the Enrollment Form enclosed. Indicate family coverage, if desired.
- Mail the form back in the enclosed reply envelope. (Don't send money now.)
- If you are an ROA Member under age 70, you can obtain the current rates by returning your Enrollment Form today.

Act now. Please review the product brochure for more information about the coverage.

Sincerely,

Stephen Miller, Senior Vice President
Association Member Benefits Advisors, LLC
ROA Insurance Plans Administrator
License #1936106

P.S. This urgent message is your OFFICIAL NOTICE that your response is requested.
Fill out the form and mail it back today.

DON'T SEND MONEY NOW!

AD&D Insurance underwritten by ReliaStar Life Insurance Company (Minneapolis, MN), a member of the Voya® family of companies. This is a paid endorsement. ROA receives a fee from the insurance broker and/or the insurer for its endorsement of this plan. The group policy is situated in the state of North Dakota and is governed by its laws. Coverage may not be available in all states.

Policy Form #HP010GP

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Enhanced Accidental Death and Dismemberment ENROLLMENT FORM



To Apply:

Send this completed form to:
ADMINISTRATOR

ROA GROUP INSURANCE PROGRAM
P.O. Box 14536
Des Moines, IA 50306

QUESTIONS?

Call: 1-800-247-7988

E-Mail: roa.service@getamba.com

ReliaStar Life Insurance Company
Box 20
Minneapolis, MN 55440

Name: _____
Last First MI

Add 1: _____

Add 2: _____

City, St., Zip: _____

1. Check coverage desired.
Included with enrollment

\$500,000 BENEFIT AMOUNT	<input type="checkbox"/> Member & Family (OOV3)	<input type="checkbox"/> Member Only (OOV1)
\$250,000 BENEFIT AMOUNT	<input type="checkbox"/> Member & Family (OOK3)	<input type="checkbox"/> Member Only (OOK1)
\$200,000 BENEFIT AMOUNT	<input type="checkbox"/> Member & Family (OOH3)	<input type="checkbox"/> Member Only (OOH1)
\$150,000 BENEFIT AMOUNT	<input type="checkbox"/> Member & Family (OOF3)	<input type="checkbox"/> Member Only (OOF1)
\$100,000 BENEFIT AMOUNT	<input type="checkbox"/> Member & Family (OOD3)	<input type="checkbox"/> Member Only (OOD1)

2. Please fill in information.

Social Security Number _____ Date of Birth _____
(Mo./Day/Yr.)

Phone Numbers

Home (_____) _____ Height ____ft. ____in. Weight _____lbs. Sex M F

Work (_____) _____ Member Number _____

E-mail Address _____

3. Automatic Beneficiary Designation for the ROA-Endorsed Enhanced AD&D Plan.

Your beneficiary for this coverage will be your legal spouse, if living. If you have no spouse, your beneficiary will be your child(ren), and legally adopted child(ren), if living, if not, your estate, in that order. (You are the beneficiary for insurance on your spouse and children.) If you wish to make other beneficiary arrangements, please complete below and sign and date the front of this Enrollment Form:

Member's beneficiary (full name) _____

Relationship to member _____

Beneficiary's address _____

4. Read this information carefully, then sign and date below.

I wish to enroll in ROA's endorsed Enhanced AD&D Insurance Plan underwritten by ReliaStar Life Insurance Company. I have read and understand the conditions and exclusions as described in the enclosed brochure. I understand that coverage is effective on the first day of the month after I receive my Certificate of Insurance indicating the effective date of coverage provided my first premium is paid during the lifetime of the insured.

- To the best of my knowledge and belief, the information I've provided is complete and correct.
- I understand and agree that no coverage shall take effect unless this application is approved by ReliaStar Life and the first premium is paid in my lifetime.
- I understand my coverage begins on the "effective date" assigned by ReliaStar Life.

Any person who knowingly with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime, and may subject such person to criminal and civil penalties, and denial of insurance benefits.

Member's Signature **X** _____ Date **X** _____

DON'T SEND MONEY NOW! YOU'LL BE BILLED LATER.

ReliaStar Life Insurance Company
Minneapolis, MN

Policy # 31816-7
Policy Form No. HP010GP

IADD02036E

PAI14-ROA

NOTICE APPLICABLE TO OREGON RESIDENTS

The fraud warning contained on any application/enrollment form contained in this solicitation is not applicable to Oregon residents.

The following fraud notice is applicable to Oregon residents only.

Any person who, knowingly with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto may be committing a fraudulent insurance act, which is a crime, and may subject such person to criminal and civil penalties, and denial of insurance benefits.

4 Reasons Why ROA Members Should Enroll in the ROA Enhanced Group Accidental Death & Dismemberment (AD&D) Insurance Plan



AD&D coverage is becoming a more popular way to supplement other insurance coverage you already have. And ROA Members are choosing the ROA Enhanced AD&D Plan for these important reasons:

1. It's Easy to Get – You're Guaranteed Acceptance

As an ROA Member under age 70, you're guaranteed this coverage. No health questions asked. No physical exam is required. This makes it much easier to get than some life and health insurance plans.

Your spouse¹ and children under age 22 (26 if a full-time student) are guaranteed acceptance for this coverage, too!

2. Pays a \$100,000.00 Lump Sum Accidental Death Benefit

If you die from a covered accident, your loved ones can receive the \$100,000.00 benefit in one lump sum. No monthly or partial payments. Just one payment.

3. Economical Group Rates DON'T Increase With Age

Unlike many life insurance and medical plans that increase rates as you age, the ROA Enhanced AD&D plan's rates don't. ROA accident benefits costs up to 90 cents a day ...add your spouse¹ and children for up to 35 cents a day.

Monthly Rates*

Benefit Amount	Member Rate	Member & Family Rate
\$100,000.00	\$5.40	\$7.50
\$150,000.00	\$8.10	\$11.25
\$200,000.00	\$10.80	\$15.00
\$250,000.00	\$13.50	\$18.75
\$500,000.00	\$27.00	\$37.50

*You will be billed semi-annually. If applicable, an additional \$2 billing fee will be included on your billing notice payable to the administrator. To save the fee, select Electronic Funds Transfer (EFT) as a safe and secure payment option.

Benefits may be changed on a class basis. Rates shown are guaranteed until 10/31/2024.

4. Family Coverage

Because accidents can happen to anyone, ROA suggests you get maximum coverage for your loved ones. Your spouse¹ and dependent children (under age 22, or under age 26 if a full-time student) are also guaranteed coverage. Your spouse's¹ benefits are 40% of the benefit amount you choose and dependent child(ren)'s benefits are 10% of your benefit. If you are unmarried, each dependent child's coverage will be 15% of your benefit. If you have no children, your spouse's¹ benefits are 50% of your coverage.

5. ADDITIONAL Benefits Included

With this enhanced plan, your loved ones can collect additional benefits – on top of the lump sum benefit – for specific situations. For example, if you select \$100,000.00 in benefits, your beneficiaries could receive extra benefits for the following:

- **\$50,000.00 Common Carrier Benefit:** If your covered accidental death is a result of traveling as a fare-paying passenger or boarding or debarking a licensed common carrier (plane, train, taxi, etc.).
- **\$25,000.00 Safe Driver Benefit:** If you have a covered fatal car accident and were wearing a seat belt at the time. This benefit **increases to \$40,000.00** if the car you were in or driving had factory-installed airbags that operated properly upon impact.
- **\$2,500.00/Year Child Care Benefit:** If you have children under age 13 in daycare, the plan pays this amount each year for up to six years for each child.
- **\$5,000.00 Children's Education Benefit:** Your children can receive this benefit each year for up to four years to continue their education.

How Your ROA Enhanced Benefits Could Add Up:

Suppose an individual runs a red light and hits a member's car head on and as a result, he dies in a covered accident. The member leaves behind a spouse¹, twin daughters in child care and an older son in his first year of college. His family could collect:

- + \$100,000 Lump Sum Accident Benefit
- + \$40,000 Safe Driver Benefit
- + \$15,000 Child Care Benefit for Child #1 (\$2,500/year for 6 years)
- + \$15,000 Child Care Benefit for Child #2 (\$2,500/year for 6 years)
- + \$20,000 Education Benefit for Child #3 (\$5,000/year for 4 years)

\$190,000.00 TOTAL ROA Enhanced AD&D Benefit Paid

Pays Benefits for Other Specific Losses too: If you lose some or all of your limbs, eyesight or hearing due to a covered accident, you can collect partial benefits. Your Certificate Schedule of Benefits will provide all the details.

(Next page, please)

Automatic Beneficiary: Your beneficiary for death benefits will be your legal spouse¹, if living. If you have no spouse¹, your beneficiary will be your child(ren), parents, or siblings, in that order. If you wish to make other beneficiary arrangements, please contact the Plan Administrator in writing. The member is automatically the beneficiary for spouse¹ and children coverage and for benefits other than death.

- Use of any drug, narcotic or hallucinogenic agent, unless prescribed by a doctor or taken as directed by a doctor or the manufacturer.
- Your or your insured dependent's intoxication. Intoxication means your or your insured dependent's blood alcohol content meets or exceeds the legal presumption of intoxication under the laws of the state where the accident occurred.

BENEFITS FOR ACCIDENTS

The ROA-endorsed AD&D Plan pays benefits for the following occurrences (loss must happen within 180 days of covered accident):

LOSS OF:	% OF FULL BENEFIT AMOUNT:
Life	100%
Both hands, both feet, or sight of both eyes	100%
One hand or one foot and sight of one eye	100%
One hand or one foot or sight of one eye	50%
Speech or hearing (in both ears)	50%
Quadriplegia	100%

Loss means with regard to: a) hands and feet, complete severance at or above wrist or ankle joints; and b) sight, speech, or hearing, total and irrecoverable loss thereof.

(NOTE: This is only a sample of the covered losses. See Certificate of Insurance for all benefits and conditions on coverage.)

TERMINATION

You may maintain your ROA-endorsed Enhanced Accidental Death and Dismemberment Insurance coverage until age 80, as long as the Group Policy remains in force, you remain an ROA Member, and pay your premium on time. Coverage for your dependents terminates when your coverage ends, you stop paying premiums, or they are no longer eligible due to change in age, dependency, or marital status.

EXCLUSIONS

ReliaStar Life does not pay benefits for loss directly or indirectly caused by any of the following:

- An accident occurring before the Effective Date of the Group Policy.
- Suicide or intentionally self-inflicted injury, while sane or insane.
- Physical or mental illness.
- Bacterial infection or bacterial poisoning. Exception: Infection from a cut or wound caused by an accident.
- Riding in or descending from an aircraft as a pilot or crewmember.
- Any armed conflict, whether declared as war or not, involving any country or government.
- An accident which occurs when you commit or attempt to commit a crime.

This is a summary of benefits only. A complete description of benefits, limitations, exclusions and termination of coverage will be provided in the certificate of coverage. All coverage is subject to the terms of the group policy. If there is any discrepancy between this document and the group policy documents, the policy documents will govern. Complete details may be found in Policy Form #HP010GP. The group policy is situated in the state of North Dakota and is governed by its laws. This is a paid endorsement. ROA receives a fee from the insurance broker and/or the insurer for its endorsement of this plan. Coverage may not be available in all states.

¹In Oregon, spouse includes domestic partner.

Do Not Delay!

IMPORTANT

1. Complete, date, and sign the Enrollment Form. Check family coverage, if desired. Return in the postage-paid reply envelope.

Don't send money now!

2. PLEASE REPLY WITHIN 14 DAYS.

Licensed insurance agents are ready to answer any questions you have about this plan. We're eager to help you.

ROA'S SATISFACTION GUARANTEE

By enrolling now you won't risk a cent. Because if you change your mind within the first 30 days of your coverage, just tell us and we'll refund your money in full, provided no claims have been submitted or paid.

Administered by:



Association Member Benefits Advisors, LLC (AMBA)

P.O. Box 14536

Des Moines, IA 50306

QUESTIONS?

Call: 1-800-247-7988

E-Mail: roa.service@getamba.com

AR Insurance License #100114462

CA Insurance License #0196562

In CA d/b/a Association Member Benefits &
Insurance Agency

Group AD&D Insurance Underwritten By:

ReliaStar Life Insurance Company

Minneapolis, MN

Policy Form #HP010GP

IADD02036P

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