



Application for Nazarene ADD Insurance Plan

Nazarene Accidental Death and Dismemberment (ADD) insurance from Nazarene Benefits USA (NBUSA) 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 on your spouse which includes a maximum of \$20,000 coverage on dependent children. For details and rates, visit our website at nbusa.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 NBUSA. This may be done via USPS mail (see address on page 2), by secure upload (email benefits@nazarene.org to receive the secure link), 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 _____ 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 _____ Please sign me up to receive text messages from NBUSA.

Spouse's Name _____

Spouse's Date of Birth (mm/dd/yy) _____ Spouse's SS Number _____

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

	Amount of Coverage Chosen	Premium per \$50,000 unit x \$18.00 =	Annual Premium
Primary Coverage	_____	_____	_____ (A)
Dependent Coverage	_____	Premium per \$25,000 unit x \$12.00 =	_____ (B)

(Note: number of dependent units may not exceed the lesser of \$100,000, or the amount of primary coverage.)

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 NBUSA, 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.

Please return completed and signed form to NBUSA.

NBUSA Office Use Only

Approval Notes _____ Effective _____

Certificate No. _____



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