

MEMBER GROUP ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) PLAN

RECOMMENDED BROKER OF THE:



Available to Members & Employees of Members

This is worldwide, 24-hour protection that pays in addition to any other insurance. This group coverage is available to you as a member of the State Bar of Georgia, as well as your employees. Administrative costs for group coverage are low, so you can save in premium costs and enjoy the benefits of the plan.

Eligibility

Members of the State Bar of Georgia and employees of State Bar of Georgia members, actively at work, and under age 70, are eligible for guaranteed acceptance into the Accidental Death & Dismemberment Insurance (AD&D) plan.

Monthly Group Rates

Principal Benefit Amount	Enrollee Only	Enrollee & Family+
\$100,000 (available for limited time)	\$3.90	\$6.50
\$250,000	\$9.75	\$16.25
\$275,000	\$10.72	\$17.88
\$300,000	\$11.70	\$19.50
\$325,000	\$12.68	\$21.13
\$350,000	\$13.65	\$22.75
\$375,000	\$14.63	\$24.38
\$400,000	\$15.60	\$26.00
\$425,000	\$16.58	\$27.63
\$450,000	\$17.55	\$29.25
\$475,000	\$18.53	\$30.88
\$500,000	\$19.50	\$32.50

Rates do not increase with age. Rates shown are guaranteed until August 1, 2015. The rates in this brochure will not be changed unless they are changed for all insureds in your classification.

+Dependents Coverage – If you choose Enrollee & Family coverage, your dependents coverage is as follows: (I) Spouse Only – Insured at 50% of Enrollee Amount; (II) Children Only – Each child Insured at 15% of Enrollee Amount, not to exceed \$25,000; (III) Spouse & Children – Spouse insured at 40% of Enrollee Amount. Each child insured at 10% of Enrollee Amount, not to exceed \$25,000. Dependent children are eligible to age 19, or to age 25 if a full-time student.

Benefits For Accidents

The Member Group AD&D Plan pays benefits for the following occurrences:

For the loss of:	The benefit will be:
Loss of Life	Full Amount
Loss of both hands, both feet or sight of both eyes	Full Amount
Loss of one hand and one foot	Full Amount
Loss of speech and hearing in both ears	Full Amount
Loss of one hand or one foot and sight of one eye	Full Amount
Loss of one hand or one foot or sight of one eye	50% of Full Amount
Loss of Speech	50% of Full Amount
Loss of hearing in both ears	50% of Full Amount
Loss of thumb and index finger of same hand	25% of Full Amount
Paralysis of one limb	25% of Full Amount
Paralysis of three limbs	75% of Full Amount
Quadriplegia	Full Amount
Paraplegia	75% of Full Amount
Hemiplegia	50% of Full Amount

EMERGENCY TRAVEL ASSISTANCE BENEFIT

When traveling more than 100 miles from home, Voya Travel Assistance offers you and your dependents four types of services: Pre-Trip Information, Emergency Personal Services, Medical Assistance Services, and Emergency Transportation Services. See *Travel Assistance brochure* for more details.

ADDITIONAL BENEFITS AS PART OF YOUR PROTECTION

Safe Driver Benefit

Your beneficiary will receive an additional 10% of benefit amount (up to \$25,000) if you have a fatal accident and are wearing a seatbelt at the time.

Education Benefit

Your children can receive an additional 5% of benefit amount (up to \$5,000) per year for up to four years to continue their education.

Child Care Benefit

If you have children under 13, they are eligible to receive an additional 3% of benefit (up to \$2,500) annually for up to six years if you die in a covered accident.

Common Carrier Benefit

An additional 50% of benefit amount (up to \$50,000) additional benefits if loss occurs while traveling as a fare-paying passenger of boarding or debarking a licensed common carrier.

Training Benefit

Your spouse or domestic partner can receive an additional 5% of benefit amount (up to \$5,000) to attend a professional or trade training program.

Total and Permanent Disability Benefit

Your FULL BENEFIT amount is payable if you are totally and permanently disabled, as defined in the certificate, as part of a covered accident.

Refer to the certificate of insurance for even more additional benefits!

Exclusions

Reliastar Life does not pay benefits for loss directly or indirectly caused by any of the following: (a) An accident occurring before the Effective Date of the Group Policy; (b) Suicide or intentionally self-inflicted injury, while sane or insane; (c) Physical or mental illness; (d) Bacterial infection or bacterial poisoning. Exception: Infection from a cut or wound caused by an accident or accidental ingestion of a poisonous food substance; (e) Riding in or descending from an aircraft as a pilot or crew member; (f) Any armed conflict, whether declared as war or not, involving any country or government; (g) Injury suffered while in the military service for any country or government; (h) An accident which occurs when the insured person commits or attempts to commit a crime; (i) Use of any drug, narcotic or hallucinogenic agent, unless prescribed by a doctor or taken as directed by a doctor or the manufacturer; (j) The Insured person's intoxication. Intoxication means the individual's blood alcohol content meets or exceeds the legal presumption of intoxication under the laws of the state where the accident occurred.

Termination

You may maintain your Group Accidental Death and Dismemberment Insurance coverage until age 85, as long as the Master Policy remains in force, you remain a member of the State Bar of Georgia or an employee of a State Bar of Georgia member, and pay your premium on time. Coverage will reduce to 65% at age 70, to 45% of original amount at age 75, and to 30% of original amount at age 80. 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.

Programs Administrator

For all inquiries, contact the Recommended Broker of the State Bar of Georgia: Member Benefits, 7645 Gate Parkway, Suite 101, Jacksonville, FL 32256. 1-800-282-8626. www.MemberBenefits.com

The Organization Behind The Coverage

Your insurance is provided by ReliaStar Life Insurance Company, rated "A" (Excellent) by A.M. Best, an independent insurance rating agency. This is the third of 15 rating categories ranging from A++ to F for operating performance and financial strength. ReliaStar Life Insurance Company, Minneapolis, MN has Minnesota roots tracing back to 1885. ReliaStar Life is a member of the Voya® family of companies.





ENROLLMENT INSTRUCTIONS

The Member Group AD&D Insurance Plan

1. Complete Enrollment Form

Make sure to complete to com the form in its entirety. Monthly rates for available options are included in kit. Omissions and illegible print may delay issuance of coverage.

Your coverage will become effective on the 1st of the month following receipt of your Enrollment Form and your initial payment. When you receive your Certificate of Coverage, review it carefully. Be sure you understand all of your rights and benefits under the plan. If you are not completely satisfied, for any reason, you may notify us within 30 days to receive a full refund of any premiums you've paid, provided no claims have been submitted or paid.

2. Payment Options

Payment Option 1 - Monthly Auto Pay

If you elect to pay by Monthly Bank Draft (ACH), you do not need to send any premium. Upon approval of your enrollment form, we will automatically draft your account on a monthly basis. Make sure to complete the Authorization section and include a VOIDED check.

Payment Option 2 - Direct Annual Billing

If you elect this method, please make check or money order written out to Member Benefits, for the pro-premium required to pay your coverage through the end of the plan year (December 31st).

For example, if you are applying for a 7/1 desired effective date, you need to submit 6 months premium. You will be invoiced on an annual basis (due Jan. 1st each year) thereafter.

3. Mail or Fax Forms To:

Program Administrator
Member Benefits
7645 Gate Parkway, Suite 101
Jacksonville, FL 32256

Phone: (800) 282-8626
Facsimile: (904) 396-2091

ANY QUESTIONS? CALL TOLL-FREE: 1-800-282-8626

Money-back guarantee. You risk nothing by applying now.

You can apply now with no risk. Just complete and return the enclosed Enrollment Form. If you are not completely satisfied when you receive your Certificate of Insurance, just notify us within 30 days and we'll refund any premium you've paid, provided no claims have been submitted or paid. No insurance will be in force, and you will be under no further obligation.

THE MEMBER GROUP AD&D INSURANCE PLAN ENROLLMENT FORM

Mail or Fax to Administrator: Member Benefits
7645 Gate Parkway, Suite 101, Jacksonville, FL 32256
Toll Free (800) 282-8626 Fax (904) 396-2091

1. INDICATE COVERAGE DESIRED

Desired AD&D Face Amount (\$100,000 - 500,000):

Desired Effective Date: (Month) 01 (Day) (Year)

Plan Type (check one): Enrollee Only
 Enrollee & Family

2. PRIMARY ENROLLEE INFORMATION

VERY IMPORTANT - PLEASE PRINT LEGIBLY (Please leave one blank box between each word)

Name: (Last, First, Middle) Member of SBOG
 Employee

Mailing Address: (Street Address)
 (City) (State) (Zip)

Social Security #: - - Date of Birth: (Month) (Day) (Year) Male
 Female

Email Address: Phone #: () -

Bar Member's #: Name of Employer:

3. AUTOMATIC BENEFICIARY DESIGNATION

Your beneficiary will be your legal spouse or domestic partner, if living. If you have no spouse or domestic partner, your beneficiary will be your children, or your estate, in that order. (You are the beneficiary for insurance on your spouse, domestic partner, and children.) If you wish to make other beneficiary arrangements, please complete below. If space below is not sufficient, please attach separate page.

Enrollee's Beneficiary: (Last, First, Middle) Relationship to Enrollee:

Beneficiary's Address:

4. PLEASE INDICATE YOUR PAYMENT METHOD

Monthly Auto-Pay. Include a VOID check and complete the Authorization below.
I hereby authorize Member Benefits to initiate debit entries and to initiate, if necessary, credit entries as adjustments for any debit entries in error to my Checking account and the Financial Institution named below to debit and/or credit the same account. Member Benefits will not be held responsible for a policy lapse or cancellation due to nonpayment if withdrawal is prepared and not honored for any reason and amount due is not paid. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

This authority is to remain in full force and effective until Member Benefits and the Financial Institution have received written notice from me of its termination in such time and manner as to afford Member Benefits and the Financial Institution a reasonable opportunity to act on it.

Accountholder's Signature: Date Signed: Name of Financial Institution:

Annual Direct Bill. (If you select this method, you will receive an initial invoice along with your certificate of insurance. After you pay your initial invoice, you will be billed on a calendar annual basis)

5. READ CAREFULLY, THEN SIGN AND DATE

I wish to enroll in Member Group 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.

Primary Enrollee's Signature: Date Signed:

Security When You Travel



We live in a highly connected world where frequent domestic and international travel is the norm. Voya Travel Assistance offers you enhanced security for your leisure and business trips. You and your dependents will have toll-free or collect-call access to the Voya Travel Assistance customer service center or access to the services provided on the website 24 hours a day, 365 days a year – from anywhere in the world.

Covered Services

When traveling more than 100 miles from home, Voya Travel Assistance offers you and your dependents four types of services: Pre-Trip Information, Emergency Personal Services, Medical Assistance Services, and Emergency Transportation Services.

▶ Pre-Trip Information

These valuable services help you start your trip the right way. Voya Travel Assistance can provide you with important, up-to-date travel information including:

- Immunization requirements
- Visa & passport requirements
- Foreign exchange rates
- Embassy/consular referral
- Travel/tourist advisories
- Temperature & weather conditions
- Cultural information

▶ Emergency Personal Services

In the event of an unexpected situation of a non-medical nature, Voya Travel Assistance offers access to several valuable services, including:

- Urgent message relay
- Interpretation/translation services
- Emergency travel arrangements
- Recovery of lost or stolen luggage or personal possessions
- Legal assistance and/or bail bond

If You Need Emergency or Pre-Trip Services...

...use the contact information on the reverse and identify yourself as an eligible participant in the Voya Travel Assistance program.

You will be asked to provide some additional information in order to confirm your eligibility under this program. Once your eligibility has been verified, Voya Travel Assistance will arrange and provide the Emergency Transportation Services previously described.

Please note: Covered services are only eligible for payment through Voya Travel Assistance if Voya Travel Assistance was contacted at the time of service and arranged for the service. If costs are incurred for other services, you are responsible for those costs or reimbursement of those costs if initially paid by Voya Travel Assistance; Voya Travel Assistance will ask for your credit card and debit your account for the required amount.



Voya Travel Assistance

Contact Voya Travel Assistance 24 hours a day, 365 days a year for Pre-Trip Information, Emergency Personal Services, Medical Assistance Services, and Emergency Transportation Services.

In the US, Toll Free: 800.859.2821

Worldwide, Collect: 202.296.8355

Email: ops@europassistance-usa.com

Online Portal: <https://eservices.europassistance-usa.com/sites/Voya>

Group ID: N1VOY

Activation Code: 140623

ReliaStar Life Insurance Company, a member of the Voya™ family of companies.

Medical Assistance Services Include:

- Medical referrals for local physicians and dentists
- Medical case monitoring
- Prescription assistance and eyeglass replacement
- Arrangement and payment of emergency medical services (up to \$10,000 with a written guarantee of reimbursement from the eligible participant.)

Emergency Transportation Services*

Should you need medical care or assistance while traveling, Voya Travel Assistance can help. When deemed medically necessary by a Voya Travel Assistance designated physician, evacuation and transportation to the nearest adequate medical facility that can properly treat your condition will be arranged and paid for on your behalf. Additional transportation services include:

- Visit of family member or friend
- Return of traveling companion
- Return of dependent children
- Return of vehicle
- Return of mortal remains

How It Works

At any time before or during a trip, you may contact Voya Travel Assistance for assistance services. It is recommended that you keep a copy of this summary with your travel documents. Use the wallet card to have convenient access to the numbers that you need.

* The services listed above are subject to a maximum combined single limit of \$150,000.

Exclusions and Limitations

A. Voya Travel Assistance shall not provide services enumerated if the covered service is sought as a result of your or your dependent's:

- Involvement in any act of war, invasion, acts of foreign enemies, hostilities (whether war is declared or not), civil war, rebellion, revolution, and insurrection, military or usurped power;
- Travel against the advice of a physician;
- Travel for the purpose of obtaining medical treatment;
- Travel in any country in which the U.S. State Department issued travel restrictions;
- Commission of or attempt to commit an unlawful act;
- Being under the influence of drugs or intoxicants unless prescribed by a physician;
- Pregnancy and childbirth (except for complications of pregnancy);
- Mental or emotional disorders, unless hospitalized;
- Participation as a professional in athletics;
- Services provided for which no charge is normally made;
- Travel within 100 miles of your permanent residence, unless in a foreign country.

B. The services described above currently are available in every country of the world. Due to political and other situations in certain areas of the world, Voya Travel Assistance may not be able to respond in the usual manner.

It is your responsibility to inquire whether a country is "open" for assistance prior to your departure and during your stay. Voya Travel Assistance also reserves the right to suspend, curtail or limit its services in any area in the event of rebellion, riot, military uprising, war, terrorism, labor disturbance, strikes, nuclear accidents, acts of God or refusal of authorities to permit Voya Travel Assistance to fully provide services.

C. If you request a transport related to a condition that has not been deemed medically necessary by a physician designated by Voya Travel Assistance in consultation with a local attending physician or to any condition excluded hereunder, and the Employer or Plan Sponsor agrees to be financially responsible for all expenses related to that transport, Voya Travel Assistance will arrange but not pay for such transport to a medical facility or to your residence and will make such arrangements using the same degree of care and completeness as if Voya Travel Assistance was providing service under this agreement. A waiver of liability will be required prior to arranging these transportation services.

D. Voya Travel Assistance shall not be responsible for any claim, damage, loss, cost, liability or expense which arises in whole or in part as a result of Voya Travel Assistance's inability to reach the Employer's or Plan Sponsor's authorized Contact person for any reason beyond Voya Travel Assistance's control, or as a result of the failure and/or refusal of the Employer or Plan Sponsor to authorize services proposed by Voya Travel Assistance.

Insurance products are provided by ReliaStar Life Insurance Company, a member of the Voya™ family of companies. Voya Travel Assistance services are provided by Europ Assistance USA, Bethesda, MD. Services are not available in all states.

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