Concordia Plan Services
The Lutheran Church—Missouri Synod
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CONCORDIA PLAN SERVICES

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Enrollment Form
Accident Insurance Program

If you are enrolling for the first time in any of the other Concordia Plans, please submit a completed Concordia Plan Services Enrollment Form (11010) instead of this form. We bill your employer for the total cost of the Accident Insurance Program. However, they may require you to pay for a portion, or all, of the cost through payroll deduction.

PLEASE PRINT OR TYPE ALL INFORMATION IN BLUE OR BLACK INK

A Employer Information

Employer Name _____ Account Number _____

Address: Street _____ City _____ State _____ Zip Code _____ Phone Number _____

Contact Person _____ Contact's Phone Number _____ Fax Number _____ Contact's E-mail Address _____

B Worker Information

Title _____ Name (Last, First, Middle Initial) _____ Social Security Number _____

Home Address: Street _____ City _____ State _____ Zip Code _____ Home Phone Number _____

E-mail Address _____ Cell Phone Number _____ Work Phone Number _____

C Plan Designation

Insurance Amount	Individual Plan	Monthly Cost	Family Plan	Monthly Cost
$ 25,000	☐ 1A	$0.65	☐ 2A	$ 0.95
$ 50,000	☐ 1B	$1.30	☐ 2B	$ 1.90
$ 75,000	☐ 1C	$1.95	☐ 2C	$ 2.85
$100,000	☐ 1D	$2.60	☐ 2D	$ 3.80
$125,000	☐ 1E	$3.25	☐ 2E	$ 4.75
$150,000	☐ 1F	$3.90	☐ 2F	$ 5.70
$175,000	☐ 1G	$4.55	☐ 2G	$ 6.65
$200,000	☐ 1H	$5.20	☐ 2H	$ 7.60
$250,000	☐ 1I	$6.50	☐ 2I	$ 9.50
$300,000	☐ 1J	$7.80	☐ 2J	$11.40

D Beneficiary Designation Instructions

1. This program pays a lump-sum death benefit in the event of your death due to an accident. Complete Section E of this form to indicate the person or entity you wish to receive the benefit. (Other plan benefits, e.g., for paralysis or dismemberment, will be paid to you.) In the event of the accidental death of an enrolled dependent, the benefit will be paid to you.
2. You can change or revoke this designation at any time by sending in a new, properly completed Beneficiary Designation form.
3. Your beneficiaries do not have to be dependents or relatives. You can name any person, a trust, or an institution except you cannot legally designate your own employer as a beneficiary. However, the same result can be achieved by designating "Estate" and providing a bequest to the employer via your Will. You can designate any other organization having a legal entity within the Synod (example: a congregational pastor can designate The Lutheran Church—Missouri Synod Foundation as a beneficiary). To designate a trust as a beneficiary, please list the name and date of the trust, and the name of the trustee(s).
4. If you are naming a trust as your beneficiary, please note the name of the trust under [Name] and write "Trust" under [Relationship] and "Not applicable" for [Social Security Number]. A Tax Identification Number (TIN) and a signed copy of the trust is needed at the time benefits are payable.
5. When naming a person as a beneficiary, list the person's full name, Social Security number, their relationship to you, and the person's home address. A married woman must be designated by her own given name (example: Mrs. Mary Doe), not listed as "Mrs. John Doe."
6. It is normally recommended that minor children not be listed as beneficiaries since payments cannot be made to minors. If your beneficiary is a minor at the time of your death, guardian papers for the estate and/or property of the minor child must be secured by the surviving parent or the child's guardian and a copy submitted to Concordia Plan Services in order to receive the death benefit(s).
7. If no beneficiary is named, or if no named beneficiary survives you, the lump-sum death benefit will be paid to:
   a. your lawful spouse, if living; otherwise to
   b. your natural or legally adopted child(ren) in equal shares, if living; otherwise to
   c. your parents in equal shares, if living; otherwise to
   d. the personal representative of your estate.

(Continued on reverse side)

E Primary Beneficiaries

Your **Primary Beneficiary(ies)** is the individual(s), institution(s), and/or trust(s) you name to receive the lump-sum death benefit payable upon your death.

- If you name more than one Primary Beneficiary, your death benefit will be divided among the Primary Beneficiaries you name in the proportions you specify. If no proportions are specified, the benefit will be divided equally among the Primary Beneficiaries.
- If one or more of your Primary Beneficiaries should die before you, the death benefit will be divided proportionately among the surviving Primary Beneficiaries.
- If all of your Primary Beneficiaries die before you, the death benefit will be paid to your Secondary Beneficiaries.

F Secondary Beneficiaries

Your **Secondary Beneficiary(ies)** is the individual(s), institution(s), and/or trust(s) you name to receive the lump-sum death benefit payable upon your death **if** none of your Primary Beneficiaries are alive at the time of your death.

If none of your Primary Beneficiaries survives you, then:

- Your Secondary Beneficiaries will receive the death benefit upon your death.
- The death benefit will be divided among your Secondary Beneficiaries in the proportions you specify. If no proportions are specified, the death benefit will be divided equally among the Secondary Beneficiaries.
- If one or more of your Secondary Beneficiaries dies before you, the death benefit will be divided proportionately among your remaining Secondary Beneficiaries. If all of your Secondary Beneficiaries (as well as your Primary Beneficiaries) die before you, the death benefit will be paid as stated in Number 7 from the instructions on the previous page.

G Beneficiary Designation

I hereby make the following designation for the distribution of any benefit payable at the time of my death:

Primary Beneficiary(ies): **[First in order to receive the death benefit]**

MUST BE COMPLETED

Name	Social Security Number	Relationship	
Address	City	State	Zip Code
Name	Social Security Number	Relationship	
Address	City	State	Zip Code

% Allocation

\+ % Allocation

Total Primary Beneficiary Allocation Must Equal: 100%

Secondary Beneficiary(ies): **[Recipient of death benefit if the Primary Beneficiary(ies) pre-deceases you]**

MUST BE COMPLETED

Name	Social Security Number	Relationship	
Address	City	State	Zip Code
Name	Social Security Number	Relationship	
Address	City	State	Zip Code
Name	Social Security Number	Relationship	
Address	City	State	Zip Code

% Allocation

\+ % Allocation

\+ % Allocation

Total Secondary Beneficiary Allocation Must Equal: 100%

If you need more room to designate beneficiaries, please attach a separate sheet with your name, Social Security number, signature, date, the words "AIP," and your additional Primary and/or Secondary Beneficiaries.

H Worker Signature

The information entered on this form is current and correct to the best of my knowledge. I understand that any portion of the cost for participation in the Accident Insurance Program will be obtained from me through payroll deduction and remitted by my employer. The beneficiary designation on this form will become effective upon my enrollment and will remain in effect until either (1) a new Beneficiary Designation signed by me is received by Concordia Plan Services, or (2) my membership in the Accident Insurance Program is terminated. I further understand that in the event of a dispute as to the eligible beneficiary(ies) at the time of my death, the determination of Concordia Plan Services will be final and conclusive. I do hereby, for myself, my beneficiaries, heirs, executors, and administrators, release Concordia Plan Services from any and all liability for any and all payments that may be made as a result of and in accordance with this form.

X _____

Signature of Member Date

I Employer Representative Signature

This applicant's request has been reviewed and the cost for participation will be transmitted by this employer in accordance with billing invoices received from Concordia Plan Services.

X _____

Signature of Authorized Employer Representative Date

_____

Printed Name of Authorized Employer Representative Title or Office Held