



ARE YOU COVERED?

Although nothing can really prepare your family should the unthinkable happen, insurance coverage can help give peace of mind to you and your family. The OSBA Insurance Agency LLC can provide you with this assurance through accidental death and dismemberment (AD&D) insurance. AD&D insurance covers loss of life, injuries and paralysis resulting from an accident. You can view a full list of covered incidents and the amount of insurance paid at www.ohioschoolboards.org/insurance-programs.

Accidents can happen at any time. Are you prepared for the aftermath of a potential accident?

FREE COVERAGE

The OSBA Insurance Agency offers \$100,000 of business travel AD&D coverage to you as part of your OSBA membership. This no-cost coverage applies while you are performing school board business, are on school property or traveling in your capacity as a board member.

COVERAGE AVAILABLE ALL DAY, EVERY DAY

You can extend your coverage by purchasing \$100,000 of personal AD&D coverage at a low cost of \$40 per year. **Want to ensure your loved ones are covered too?** The OSBA Insurance Agency also offers you the opportunity to purchase personal AD&D coverage for your spouse and children if you have purchased personal AD&D coverage for yourself. Coverage of \$50,000 for your spouse costs just \$15 per year and coverage of \$10,000 for all your children up to age 19 (or age 25 if a student) is one flat rate of \$5 per year.

WANT PEACE OF MIND? ENROLL NOW FOR UP TO \$60 A YEAR!

Mail the enrollment form on the back with your premium payment to OSBA Insurance Agency LLC by **March 31**. Coverage runs annually from March 1 through the end of February.

QUESTIONS?

Contact OSBA's Division of Business and Finance (614) 540-4000 or (800) 589-OSBA visit www.ohioschoolboards.org/insurance-programs



Ohio School Boards
Association
Insurance Agency LLC



Ohio School Boards
Association
Insurance Agency, LLC

SCHOOL BOARD MEMBER ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) INSURANCE ENROLLMENT FORM

Note: You must purchase personal AD&D for yourself in order to be eligible to purchase personal AD&D for your spouse and/or children.

Amount of insurance (check all that apply):

Select	Insured	Coverage type	Amount of coverage	Premium for the period March 1 through Feb. 28
<input checked="" type="checkbox"/>	School board member	Business travel AD&D	\$100,000	FREE
<input type="checkbox"/>	School board member	Personal AD&D (24/7 coverage)	\$100,000	\$40.00
<input type="checkbox"/>	Spouse	Personal AD&D (24/7 coverage)	\$50,000	\$15.00
<input type="checkbox"/>	All children	Personal AD&D (24/7 coverage)	\$10,000	\$5.00
Total				\$_____

Name: _____

Address: _____

City, State, ZIP Code: _____

School district: _____ County: _____

Phone number: _____

Email: _____

Disclaimer: I acknowledge that all insurance coverage automatically terminates if I am no longer a public school board member or such district is no longer a member of the Ohio School Boards Association. If coverage terminates, neither the OSBA Insurance Agency LLC nor Prudential will refund any amount of the premium.

Applicant's signature: _____ Date: _____

Please remit completed form and payment to:
OSBA Insurance Agency LLC
8050 N. High St., Ste. 100
Columbus, OH 43235-6481

For further information, contact the OSBA Division of Business and Finance at (614) 540-4000 or (800) 589-OSBA. Plan benefits are provided by The Prudential Insurance Company of America, 751 Broad St., Newark, NJ 07102. Contract Number: AG-50500-OH.

BENEFICIARY FORM

Total percentage of all primary beneficiaries must equal 100% and total percentage of all contingent beneficiaries must equal 100%.

School board member's primary beneficiaries

Name	Relationship	Name	Relationship
Address	Percentage	Address	Percentage
Name	Relationship	Name	Relationship
Address	Percentage	Address	Percentage

School board member's contingent beneficiaries

Name	Relationship	Name	Relationship
Address	Percentage	Address	Percentage
Name	Relationship	Name	Relationship
Address	Percentage	Address	Percentage

Spouse's primary beneficiaries

Name	Relationship	Name	Relationship
Address	Percentage	Address	Percentage
Name	Relationship	Name	Relationship
Address	Percentage	Address	Percentage

Spouse's contingent beneficiaries

Name	Relationship	Name	Relationship
Address	Percentage	Address	Percentage
Name	Relationship	Name	Relationship
Address	Percentage	Address	Percentage

Children's primary beneficiaries

Name	Relationship	Name	Relationship
Address	Percentage	Address	Percentage
Name	Relationship	Name	Relationship
Address	Percentage	Address	Percentage

Children's contingent beneficiaries

Name	Relationship	Name	Relationship
Address	Percentage	Address	Percentage
Name	Relationship	Name	Relationship
Address	Percentage	Address	Percentage