

Now Available
to \$1,000,000

Accidents
Happen...



Consider
Accidental Death
Insurance

Underwritten by
Metropolitan Life Insurance Company

What is Accidental Death Insurance?

Accidental Death insurance (AD) pays your beneficiary if your death results from a covered accidental injury within one year of the injury. This payment is in addition to any life insurance you may have. AD covers you 24 hours a day, every day of the year, worldwide. There are no health questions to answer, and your acceptance is guaranteed.

Over 130,000 people die
from falls, car crashes,
and other accidents
each year.¹

Who should have AD?

AD is for people who are active, travel, engage in sports—particularly those who are young in fact or in spirit. Do you walk, run, hike, bike, or boat? Do you climb a ladder or a mountain? Do you ski, or swim, or snorkel, or scuba? Do you fish, hunt, or camp? Do you travel by train? By plane? Car? Motorcycle? If so, AD is probably for you.

AD vs. Travel Accident Insurance

Some people think that AD is like travel accident or flight insurance. It really isn't. Travel accident customarily pays benefits for accidental death only while you are a passenger on commercial transportation, referred to as "common carriers." But AD also covers deaths from falls and falling objects, fires and firearms, poisoning, choking, suffocating, drowning, common-carrier and personal travel—even homicides.

Accidents are the
number one
cause of death
for those under age 44.²

How much insurance is available?

Age	Amount
18-64	\$50,000 – 1,000,000
65-69	50,000 – 500,000
70-74	50,000 – 250,000

Who is eligible?

Alumni/ae, students, faculty and staff of sponsoring alumni/ae associations, and eligible family members may apply. Each must be at least age 18 but under 75 when applying.* Eligible family members are spouses, domestic partners, parents, children, and siblings. Any of them may apply—even if you do not apply.

How much does AD cost?

Premiums are under 20¢ a day for \$100,000 of AD insurance.

Have you ever purchased AD insurance, or even the more restrictive travel accident insurance? If so, you'd probably agree that premiums for this AD plan are exceptionally low. In fact, they are less than half of premiums for AD plans available through some other sponsors, such as banks and credit unions.

Monthly Premiums for Select Amounts

Amount	Age 18-64	Age 65-69	Age 70-74
\$ 100,000	\$ 5.40	\$ 5.40	\$ 5.40
250,000	13.50	13.50	13.50
500,000	27.00	27.00	N/A
1,000,000	54.00	N/A	N/A

Current as of September 2016

85% of all injuries for those aged 65 and over are caused by accidents.³

Payment Options

Monthly automatic withdrawal from your bank (EFT).
You do not write checks or worry about paying late. There is no processing fee for this convenience.

Semiannual bills payable by check.

Semiannual premiums are six times monthly premiums. A fee of \$6, subject to change, is added to each bill.

For people of all ages, accidents are the third leading cause of death.⁴

How To Purchase AD

1. Complete the Enrollment Form.
2. Complete the EFT form, or write a check payable to "Collegiate Alumni Trust" for your first 6-month premium.
3. Mail the forms (and check) to the Administrator:

Meyer and Associates
18 Washington Avenue
Chatham NJ 07928

What else should I know?

At no additional cost, benefits will be increased:

- By 10% if death is due to an accident on a "common carrier" (airplane, bus, taxi, train, etc.).**
- By 10% (up to \$25,000) if death is due to a car accident and the covered person was properly wearing a seat belt at the time of the accident.**
- By 5% (up to \$10,000) if death is due to a car accident and the seat was protected by an air bag.**
- By the cost (up to \$5,000) of preparing and transporting the deceased's body to the city of the deceased's principal residence.**

Exclusions

Benefits will not be paid for (1) any loss caused by physical or mental illness or the diagnosis or treatment of such illness or infirmity; infection, other than infection occurring in an external accidental wound; suicide, attempted suicide, or intentionally self-inflicted injury; service in the armed forces of any country or international authority, except the United States National Guard or (2) any incident related to travel in an aircraft for the purpose of parachuting or otherwise exiting from such aircraft while it is in flight; parachuting or otherwise exiting from an aircraft while such aircraft is in flight, except for self-preservation; travel in an aircraft or device used for testing or experimental purposes by or for any military authority or for travel or designed for travel beyond the earth's atmosphere; committing or attempting to commit a felony; the voluntary intake or use by any means of any drug, medication, or sedative, unless it is taken or used as prescribed by a physician, or an "over-the-counter" drug, medication or sedative taken as directed; poison, gas, or fumes; or war, whether declared or undeclared, or act of war.

¹Centers for Disease Control (CDC), 2015 ²National Center for Health Statistics, 2014

³Deaths From Unintentional Injury Among Adults Aged 65 and Over: United States, 2000–2013. CDC, May 2015 ⁴Centers for Disease Control (CDC), 2015

Questions?

800-635-7801 weekdays 8:30am–6:00pm ET

meyerandassoc.com/Met/AD

info@meyerandassoc.com

* Applicants must live in an eligible state. **See Certificate for details.

Underwritten by Metropolitan Life Insurance Company,
New York, NY © M&A 9/2016

L0816474519[exp0818][All States][DC,PR,VI]

Applicant Name: _____
Group Policy Number: _____
Policyholder: Collegiate Alumni Trust or Collegiate Alumni Trust II
Administrator: Meyer and Associates
Insurance Account Number: _____ (to be completed by Administrator)
Monthly Premium Withdrawal for EFT: _____ (to be completed by Administrator)

This agreement with Meyer and Associates is for Electronic Funds Transfer (EFT) to pay your insurance premium without using a check. An electronic debit will be submitted to your bank so the amount will be deducted automatically from your bank account on, or shortly after, the first business day of each month to pay your premium for that month. The debit will appear on your bank statement as "Meyer and Assoc LifeInsPrem." If your premium increases for any reason, for example, due to an automatic benefit increase, (1) we will notify you of the new monthly premium at least four weeks in advance and (2) EFT will be processed for the new monthly premium amount.

You may change banks or end EFT by giving us written notice that we receive by the 24th of the month before the change. If you end EFT, you will receive semiannual bills (payable by check or money order), including a service fee, currently \$6 per billing cycle.

For new accounts, the first EFT draw will be for two months of premium. For the third month of coverage and thereafter, EFT draws are for one month of premium. For accounts initially paid by check and switching to EFT, EFT draws are for one month of premium.

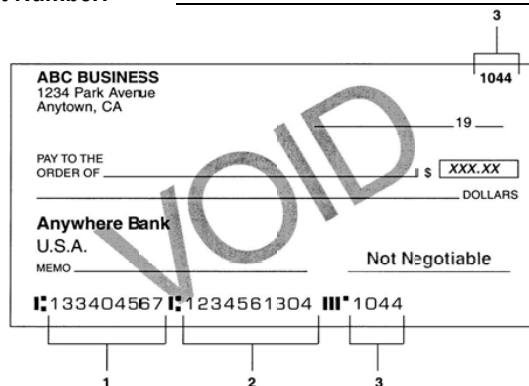
EFT Preference (select one)

- ☐ Start monthly payments via EFT. I am providing bank account information.
☐ Keep current EFT arrangements. I authorize EFT payments for the above by using the bank account information that is on file for my current/previous life insurance account. (You do not need to complete Bank Account Information.)
☐ Continue making monthly payments via EFT. I am providing new bank account information.

Bank Account Information

I would like to make monthly payments via EFT using the following bank account information:

Name on Bank Account: _____
Bank Name: _____
Routing Number: _____ (requires 9 digits; see image below to find this number)
Bank Account Number: _____ (not to exceed 17 digits; see image below to find this number)



- 1 Routing Number (requires 9 digits)
 2 Bank Account Number (not to exceed 17 digits)
 3 Check Number

Signature of Applicant

By executing this form, you (1) authorize EFT, (2) agree to give us timely written notice of all relevant changes to your address and bank account, and (3) understand that (a) normal overdraft fees apply to items that cannot be collected and (b) we reserve the right to correct clerical errors.

Applicant's Signature X _____ Date _____

If you have any questions, please contact the Administrator:

Meyer and Associates ♦ 18 Washington Avenue ♦ Chatham, NJ 07928 ♦ 800-635-7801 ♦ Fax: 973-635-7578 ♦ info@meyerandassoc.com