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## BLET BRIDGE PLAN

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# SHORT-TERM DISABILITY (STD) ENROLLMENT FORM

To enroll, complete all sections on the enrollment forms legibly. Submit your application electronically by scanning and sending the forms to [admin@unionone.com](mailto:admin@unionone.com). Alternatively, you can mail your enrollment forms to the address provided below. Prior to submission, please review the forms to ensure they are complete and accurate. Incomplete applications will not be processed.

**MAIL TO: 28160 W Northwest Hwy, Suite 203, Lake Barrington, IL 60010**

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**IMPORTANT:** If you opt for coverage under the bridge plan, please be aware that your selected coverage will remain active and in effect until the sooner of the conclusion of the next BLET Voluntary Disability open-enrollment period or 12 months. To ensure the continuity of your coverage beyond the end of the next open-enrollment period, you will need to elect STD coverage under your BLET group plan during the open-enrollment phase.

# BLET BRIDGE PLAN

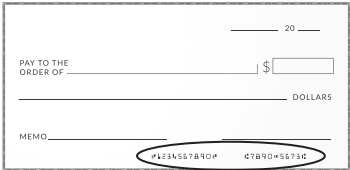
## SHORT-TERM DISABILITY ENROLLMENT FORM

SHORT-TERM DISABILITY (STD)		Section 01
<input type="checkbox"/> I elect the STD benefit of \$450 weekly for up to 34 weeks	<b>\$40.00 Monthly Cost</b>	

<ul style="list-style-type: none"><li>• Pays a \$450 weekly benefit for up to 34 weeks.</li><li>• Starts paying after 21 days of disability.</li></ul>	<ul style="list-style-type: none"><li>• Cannot exceed 80% pre-disability earnings when combined with other eligible benefits (RRB, etc.)</li><li>• Benefits paid are tax-free.</li></ul>	<ul style="list-style-type: none"><li>• Pays for on and off the job disabilities for covered injuries, surgeries or illnesses.</li><li>• Pre-existing conditions are covered after 12 months.</li></ul>
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MEMBER INFORMATION Fill out the required information below.				Section 02
First Name:		Last Name:		Middle Initial:
Mobile Phone:	Home Phone:		Member Email:	
Date of Birth:	Gender:	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	SSN (last 4 digits):	
Work Status: <input type="checkbox"/> ACTIVE <input type="checkbox"/> RETIRED <input type="checkbox"/> ON DISABILITY <input type="checkbox"/> NOT ACTIVELY WORKING				

TERMS AND AGREEMENT	Section 03
Read, acknowledge, and sign the below.	
<p><b>AGREEMENT &amp; SIGNATURE</b></p> <p>I represent that the information I have provided in this enrollment form is complete, true, and accurate to the best of my knowledge. I understand that any fraudulent statements could lead to coverage being cancelled, a denial of claim, and/or legal action. I understand this program is voluntary and is solely the Members' decision to enroll and pay the applicable premiums. Coverages are underwritten by Prudential. Like most insurance policies, insurance policies offered by Prudential and its affiliates contain certain exclusions, exceptions, waiting periods, reductions, limitations, and terms for keeping them in force.</p> <p>I understand that submission of this form and/or premium payment does not guarantee eligibility for coverage and I must satisfy all eligibility requirements of the policy, including being an actively working Member of the BLET who is scheduled to work a minimum of 20 hours per week. I understand that if I fail to meet the minimum hours, leave the union, or retire, that it is my responsibility to contact Union One. Failure to notify could result in a loss of payments already made. I understand that I must be actively at work, performing the duties of my occupation when the policy goes into effect and that coverage is not active until approved by Prudential. The effective date listed on this enrollment form or any other enrollment materials is subject to change. Should I apply for waived coverage in the future, I understand that I must apply during an open enrollment or due to a life change event as defined by the policy, and that evidence of insurability may be required, acceptable to Prudential, at my own expense.</p> <p>This is a basic summary of benefits and makes no guarantee or warranty on the processing of claims. It is the Members' responsibility to contact Union One to obtain a copy of and read the entire policy booklet. The STD Bridge Plan includes a \$2.00 technology fee. This fee is included in the enclosed costs.</p> <p><b>Signature of Member:</b> _____ (your signature is required to process your application)</p> <p><b>Date:</b> _____</p>	

PAYMENT INFORMATION			Section 04						
Fill out your payment information below. <i>Your application will not be processed without it.</i>									
First Name:	Last Name:	Middle Initial:							
Street Address:									
City:	State:	Zip:							
<input type="checkbox"/> I elect to make my payment once per month Payment date will be the 15th of each month.		<table><tr><td>STD cost:</td><td>\$40.00</td></tr><tr><td>Processing fee:</td><td>\$1.00 per payment</td></tr><tr><td>TOTAL MONTHLY PAYMENT:</td><td>\$41.00</td></tr></table>		STD cost:	\$40.00	Processing fee:	\$1.00 per payment	TOTAL MONTHLY PAYMENT:	\$41.00
STD cost:	\$40.00								
Processing fee:	\$1.00 per payment								
TOTAL MONTHLY PAYMENT:	\$41.00								
* Deduction(s) will show up on your bank account statement as "BLET Ins Plan".									
<input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account									
Routing number (Starts with 0, 1, 2, or 3): _____		ROUTING NUMBER    ACCOUNT NUMBER    CHECK NUMBER							
Account number: _____									
<p>I authorize the above organization to process debit entries to my account. I understand that this authorization will remain in full force and effect until I notify in writing that I wish to revoke this authorization. I understand that requires at least 15 days notice prior to my next payment date to cancel this authorization. I understand that rates and benefits may change at or before renewal and I authorize my ACH payments to be adjusted accordingly. I agree not to dispute this recurring transaction with my bank provided the transaction corresponds to the terms indicated in this authorization form.</p> <p><b>Signature of Account Holder:</b> _____ (your signature is required to process your application)</p> <p><b>Date:</b> _____</p>									

This program is voluntary and it is solely the Members' decision to enroll. Members are responsible for paying their own costs. All non-banking administrative and transaction fees are included in the enclosed costs. This is a basic summary of benefits and makes no guarantee or warranty on the processing of claims. Other limitations may apply. It is recommended that each enrolled Member obtain a copy and read the entire policy booklet. A copy of the policy booklet will be available online or you may request a copy by email to [info@bletinsurance.com](mailto:info@bletinsurance.com).

Coverages are underwritten by Prudential. Cost is determined by your age on the coverage effective date, and will increase on the next policy anniversary date after you enter the next age band. Like most insurance policies, insurance policies offered by Prudential and its affiliates contain certain exclusions, exceptions, waiting periods, reductions, limitations, and terms for keeping them in force. Specific information pertaining to your insurance can be obtained by contacting your plan administrator. Please contact Prudential or your plan administrator for complete details.

**IMPORTANT:** If you leave the union or retire, it is your responsibility to contact our office immediately at (224) 770-5307. Failure to do so within 90 days will forfeit your ability to keep coverage and receive any refunds.

**For more detailed information, call (224) 770-5307 or email at [info@bletinsurance.com](mailto:info@bletinsurance.com)**