

ADA DISABILITY INSURANCE

For Dental Students



QUESTIONS?


TOLL-FREE
888-463-4545


WEB
www.insurance.ada.org


E-MAIL
ada@gwl.com

READY TO GO?


FAX
303-737-4843


P.O. Box 340
Denver, CO 80201

STWS08

Protect yourself and your finances from a disabling illness or injury.

ADA disability insurance is surprisingly affordable—even on a student’s budget. You can get up to \$24,000 a year in disability coverage, and help keep a disabling injury or illness from ruining your financial future.

Choose one of two options: \$1,000 or \$2,000 in monthly coverage. If you become totally disabled and unable to perform the normal duties of a full-time dental student, you can receive monthly benefits for up to 2 years. (Under this Plan, you’re eligible for benefits after just 90 days of disability; other student coverage requires a 180-day waiting period.) You could receive benefits for an additional 5 years if you cannot perform the duties of any occupation for which you’re qualified. Use the monthly benefits to help cover your living expenses, pay down your debts, or train for another career. You could even qualify for student loan repayment, depending on the length and severity of your disability.

ADA Student Disability coverage is guaranteed, meaning no medical exam is required, if you are an ASDA member under age 40 and enroll before May 1 of your graduation year. (If you are age 40 or older, call 888-463-4545 for a standard application.) And best of all, you can easily convert this coverage to the ADA Income Protection Plan after you graduate and begin working full-time as a dentist.

ENROLLMENT FORM

Member Name _____ E-mail _____
First Middle Last

CURRENT address: Address _____ City _____ State _____ ZIP _____ Phone () _____

PERMANENT billing address (if different): Address _____ City _____ State _____ ZIP _____ Phone () _____

1. I am a Student Member of the American Dental Association (ADA) or a member of the American Student Dental Association (ASDA) under age 40 actively engaged full-time as a dental student at an accredited dental school.
 Yes No Membership applied for

2. ADA/ASDA Identification No. (if known): _____

3. Gender: Male Female

4. Birthdate: ____/____/____
Month Day Year

5. Full name of dental school: _____

6. Expected year of graduation: _____

7. I request the following coverage: \$1,000 per month (\$30 annual premium)
 \$2,000 per month (\$60 annual premium)

All coverage includes a 90-day waiting period. Premiums are payable annually (renewable September 1) and include a 37% discount for the 2008-09 academic year that may change in future years.

8. I currently have other disability insurance.
 Yes: \$ _____ No Don't know
Monthly coverage amount and name of Company

When disability coverage from all sources exceeds \$3,000 per month, benefits from this Plan may be reduced.

I wish to enroll for insurance under Group Policy No. 1108GDH-SDP issued by Great-West Life & Annuity Insurance Company to the American Dental Association. I understand that this enrollment is subject to all terms, conditions, and provisions of said policy. I understand that the Company will not pay the Monthly Benefit for any condition for which I saw a Physician, or received medical treatment, care, medication, or advice; or exhibited signs or symptoms that would cause an ordinarily prudent person to seek medical treatment, care, advice or medication within 24 months prior to the effective date of New Coverage, until such Coverage has been in force for 24 consecutive months.

SIGNATURE

Signature of Member **X** _____ Date ____/____/____

BENEFITS OF PARTICIPATION: **1.** Your \$1,000 or \$2,000 of student disability insurance (as elected above) is guaranteed without a medical exam. **2.** A short 90-day waiting period will apply if you become disabled, meaning you can begin receiving benefits on the 91st day of your disability. **3.** You are eligible to convert this coverage — without a medical exam and without any conversion fee — to the same amount of coverage under the ADA Income Protection Plan as soon as you begin working full-time (at least 20 hours per week) as a practicing dentist. ADA Income Protection coverage is guaranteed renewable to age 70. **4.** You can cancel your coverage at any time, or renew it (even as a postdoctoral student) by maintaining your ADA/ASDA membership and paying annual renewal premiums when due.

I'm interested in ADA Term Life insurance.
 Please send me an application for the FREE coverage available to ASDA Members.
 Please send me an application for EXTRA Member coverage and/or Spouse coverage.

I'd like to learn more about personal insurance.
 Please send me a New Dentist Kit with tips and tools for building a more secure financial future.



©2008 Great-West Life & Annuity Insurance Company. ADA Student Disability Plan benefits are provided under Group Policy No. 1108GDH-SDP issued to the American Dental Association and underwritten and administered by Great-West Life. This policy is subject to, governed by, and shall be construed in accordance with Illinois law. Coverage is guaranteed and will be effective from the date your completed application is received at Great-West Life. Each Plan participant will receive a Certificate of Insurance.

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