

ADA-SPONSORED TERM PLUS[®] UNIVERSAL LIFE PLAN

ADA Members Insurance Plans

Application to Exchange Term Life coverage for Term Plus coverage

QUESTIONS?

866-607-5338
www.insurance.ada.org
ada@greatwest.com

READY TO GO?

ULXWS17

P.O. Box 340
Denver, CO 80201
Fax: 303-737-4843

MEMBER'S PERSONAL INFORMATION

ADA Identification No. _____

Name _____

Address _____

City _____

State _____ ZIP _____

Home Phone _____

Office Phone _____

Cell Phone _____

Fax Number _____

Email _____

Yes! Please sign me up to receive promotional information and announcements from ADA-sponsored insurance plans via email.

Best way to be contacted (if needed): Phone Email

PAYMENT INFORMATION

Please complete this section **ONLY** if you are applying for coverage for the **FIRST TIME**. Send no money now; accepted applicants will be billed upon approval.

I wish to make contributions:*

- Annually By check
 Semi-annually By Autopay bank withdrawal:
 Quarterly 1st of the month
 Monthly** 10th of the month
(Monthly frequency only)

If selecting Autopay, please ATTACH your voided check here.

Autopay Terms and Conditions: All monthly withdrawals will be made, as elected, on the 1st or 10th of the month in which premium is due. Autopay will terminate (1) when you (or the bank depositor, if other than the Certificate owner) provide Great-West Life 30 days written notice; or (2) at Great-West Life's election, upon 30 days written notice to you and/or the bank depositor; or (3) at the discretion of Great-West Life, if your designated bank does not transfer funds. In this case, you will receive notification from Great-West Life, and an opportunity to designate another form of payment. Should the Autopay program terminate, you will be notified to select another payment preference.

For Autopay bank withdrawals, please provide the following information and ATTACH a VOIDED CHECK to your application.

Bank name _____

Account number _____

Account holder's name (if other than yourself) _____

Account type: Savings Checking

*Contributions are deposited into a Policy Value Account, from which your Cost of Insurance and a nominal service fee will be automatically deducted each month. All contributions will accrue interest from the date of deposit.

** You may submit deposits by check on any day of the month. 10th of the month is only available if you elect the Monthly frequency and the Autopay option.

PLEASE CALL 866-607-5338 BEFORE COMPLETING THIS SECTION

A Plan Specialist is available Monday through Friday (7:30 a.m. to 5:00 p.m., Mountain time) to assist you in completing Questions 2 and 3 below. Call 866-607-5338 to discuss your personal objectives and to request a complimentary personal plan illustration that shows exactly how much you can grow the balance in your Policy Value Account based on your Recommended Premiums and current interest rates.

COVERAGE INFORMATION

1 I would like to exchange the following amount of Term Life coverage for Term Plus coverage:

You may exchange any portion of your inforce ADA Term Life insurance in increments of \$25,000 beginning at \$50,000. If you have Optional coverage in force, your maximum available Optional coverage will be included in this exchange.

\$ _____

2 The amount of my Recommended Annual Premium, as shown on my personal plan illustration, is:

This amount is based on your age, your insurance amount, and your individual saving goals. Call a Plan Specialist at 866-607-5338 if you need to request a personal plan illustration.

\$ _____

3 Is your initial deposit enclosed?

Yes — The amount of my deposit is:

\$ _____

No — Please bill me later

APPLICATION TO EXCHANGE ADA-SPONSORED TERM LIFE FOR ADA-SPONSORED TERM PLUS (continued)

BENEFICIARY DESIGNATION *Please print. Percentages must total 100%.*

- I hereby revoke any previous beneficiary designation I may have made and appoint the person(s) named here as the beneficiary of any monies payable upon my death.
- No beneficiary change at this time

Full Name	Relationship	Percent of Benefit
_____	_____	_____ %
_____	_____	_____ %

NOTICE TO APPLICANTS

- If your Term Life coverage is **Absolutely Assigned** to another party, you are not eligible to exchange it for Term Plus. However, you may apply for separate coverage under Term Plus while retaining your Term Life coverage.
- If you have named an **Irrevocable Beneficiary** on your Term Life coverage, please have that beneficiary sign this application on the signature line below.
- If you are currently disabled and/or on **Waiver of Premium** under your Term Life coverage, you are not eligible to exchange your Term Life coverage for Term Plus.
- Member spouses may have coverage up to 100 percent of the Member's total coverage amount under Term Life, Term Plus, or the combination of both Plans. Maximum Spouse coverage is \$1,000,000. Dependents are eligible for Term Life coverage only.
- The maximum amount of Term Plus coverage available to members is \$3,000,000. You may apply for new amounts of Term Plus (subject to proof of your good health) in addition to the amount of Term Life you are exchanging. A member may be insured in both Term Life and Term Plus programs, but the combined amount of insurance cannot exceed \$3,000,000.

If your **Waiver of Premium** coverage under your Term Life coverage has been modified in any way, then the same modifications will occur on Term Plus.

AUTHORIZATION

I/We have read this application and understand its contents. I/We wish to proceed with the exchange of my ADA-sponsored Term Life insurance, or portion thereof, as defined in #1 on the reverse side of this application, to Term Plus insurance.

SIGNATURES

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

Signature of Irrevocable Beneficiary (if applicable) **X** _____ Date / /



California Disclosure: For your protection California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison. **Pennsylvania Disclosure:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. **New York Disclosure:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for such violation.

Great-West This material is an outline only and not a contract. Benefits are provided through a group policy filed in the State of Illinois (No. 104GUL Universal Life) in accordance with and governed by LIFE & ANNUITY INSURANCE COMPANY Illinois law and is issued to the American Dental Association; insured by Great-West Life & Annuity Insurance Company. Coverage is available to all eligible ADA members residing in any U.S. state or territory. Universal Life premiums increase annually. Premium Credit discount not guaranteed but reevaluated annually. Each Plan participant will receive a Certificate of Insurance explaining the terms and conditions of the policy. Great-West FinancialSM refers to products and services provided by Great-West Life & Annuity Insurance Company, Greenwood Village, CO, its subsidiaries and affiliates. The trademarks, logos, service marks, and design elements used are owned by Great-West Life & Annuity Insurance Company. ©2013 Great-West Life & Annuity Insurance Company. All Rights Reserved.

If you have any questions about exchanging Term Life coverage for Term Plus, please call a Plan Specialist toll-free at 866-607-5338.