

Student Disability Insurance Conversion Form

CONVWS18

ADA American Dental Association®



Questions? 855.411.5197 | insurance.ada.org | planspecialist@greatwest.com | Submit to: P.O. Box 340 | Denver, CO 80201 | Fax: 303.737.4843

1 Member Information *Please print legibly*

ADA Number

Full Legal Name

Address

City

State

ZIP

Home Phone

Fax Number

Cell Phone

Email

Sign me up to receive relevant notices and special offers about ADA members insurance plans via email.

2 Guaranteed Issue Eligibility

As a participant in the ADA Student Members Disability Insurance Plan, you are eligible to convert your disability insurance to the ADA Disability Income Protection Insurance Plan and/or the ADA Office Overhead Expense Insurance Plan at any time during the calendar year of your graduation. Use this form to request conversion.

Subject to all other terms and conditions of the Group Policy, Great-West Financial will not ask a member to provide Proof of Good Health and will guarantee to issue insurance under the following circumstances:

1. The Member was insured under the group ADA Student Disability Insurance Plan as a student;
2. The Member is a student, provisional, or active member of the ADA;
3. The Member is actively working full-time (at least 20 hours per week) as a dentist, dental student, or post-doctoral student/resident, or has graduated from dental school in the current calendar year; and
4. For Office Overhead Expense only: The Member is liable and legally responsible for dental school educational loans or other business-related overhead expenses covered under this Plan.

A pre-existing-conditions limitation applies for a combined period of 12 consecutive months from the date insured under the Student Disability Insurance Plan, the Disability Income Protection Insurance Plan, and the Office Overhead Expense Insurance Plan.

3 Election & Beneficiary Designation

You may exercise this conversion offer for Disability Income Protection, Office Overhead Expense, or both by checking the appropriate box(es) below. NOTE: Should you elect to convert to one of the plans now, you may apply for the other in the future, but you may be subject to medical underwriting.

Disability Income Protection

I wish to exercise the conversion offer and obtain \$2,000/mo. of ADA Members Disability Income Protection Insurance

I understand this insurance plan has a 90-day waiting period.

The beneficiary you designate will receive your benefits if you should die while disabled.

Beneficiary's Full Legal Name

Relationship to Insured

I am interested in applying for additional ADA Disability Income Protection Insurance to help replace lost income if I'm disabled. Please have my Plan Specialist contact me.

Office Overhead Expense

I wish to exercise the conversion offer and obtain \$2,000/mo. of ADA Members Office Overhead Expense Insurance

I understand this insurance plan has a maximum benefit of 24 times the monthly coverage amount and a 30-day waiting period.

The beneficiary you designate will receive your benefits if you should die while disabled.

Beneficiary's Full Legal Name

Relationship to Insured

I am interested in applying for additional ADA Office Overhead Expense Insurance to help cover business expenses and student loans if I'm disabled. Please have my Plan Specialist contact me.

4 Signature

Your insurance will become effective as of the date your application is received by Great-West Financial. You will be sent a notice of the interim premium due from the date coverage begins until the next regular renewal date. When you have paid this premium, you will receive your Certificate of Insurance.

By signing this form, I understand that I cannot revert back to the no-cost ADA Student Members Disability Insurance Plan. I attest that I will graduate or have graduated from dental school in the current calendar year.

Signature of Member

_____/_____/_____
Date

Benefits are provided under respective Group Policy (Nos. 104TLP Annually Renewable Term Life, 1105GDH-IPP Disability Income Protection, and 1106GDH-OEP Office Overhead Expense Disability) filed in the State of Illinois in accordance with and governed by Illinois law, issued to the American Dental Association, and underwritten by Great-West Financial®. All ADA-sponsored coverage is subject to underwriting and is not guaranteed issue unless specifically stated otherwise. Coverage that is guaranteed issue is subject to a pre-existing condition limitation. The ADA is entitled to receive royalties from the ADA Members Insurance Plans. Coverage is available to all eligible ADA members and student members in all fifty states and U.S. territories under the aforementioned group policy. Each Plan participant will receive a Certificate of Insurance explaining the terms and conditions of the policy. Great-West Financial®, Empower Retirement and Great-West Investments™ are the marketing names of Great-West Life & Annuity Insurance Company, Corporate Headquarters: Greenwood Village, CO; Great-West Life & Annuity Insurance Company of New York, Home Office: NY, NY, and their subsidiaries and affiliates, including Advised Assets Group, LLC and Great-West Capital Management, LLC. The trademarks, logos, service marks and design elements used are owned by GWL&A or their respective owners and used by permission. GWL&A is not licensed in New York, but eligible members residing in New York may request and ultimately receive coverage under the aforementioned group policy. ©2018 Great-West Life & Annuity Insurance Company. All Rights Reserved.

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