



# MINNESOTA DENTAL ASSOCIATION

Office of the Administrator  
P.O. BOX 14464  
Des Moines, IA 50306-9468

Dear ,

Thank you for inquiring about the Minnesota Dental Association Group Insurance Program. Enclosed you'll find the information you requested for the following plan: Accident Plan.

Before you take a look at the information I've enclosed, let me mention some of the important benefits you receive with all our insurance plans.

- These are "group" plans, designed especially for MDA Members. This means that, no matter how many claims you file, you can never be singled out for a rate increase. Rates can only be changed on a group basis.
- Each plan is backed by a 30-day Free Look. After you receive your Certificate of Insurance, you have a full 30 days to review your new coverage. If you decide that it's not exactly what you want and need, simply return it. Every dollar you've paid will be refunded, and your coverage will be invalidated, no questions asked – provided of course, you have not submitted any claims.

Please read the enclosed brochure for more information, including eligibility, renewability, costs, exclusions, limitations and terms of coverage on this plan.

Once you determine the type and amount of personal insurance protection you need, simply complete and return the application in the postage-paid envelope provided. If you have questions along the way, just pick up the phone and call us. Our toll-free number is: 1-866-810-9384.

Whatever your personal situation, I hope you'll take a few minutes today to candidly assess your family's insurance needs and apply to bring your coverage up-to-date through this exclusive program. Please return your application today!

Yours truly,

Terence B. Bernier  
Managing Director  
Marsh Affinity Group Services  
a service of Seabury & Smith  
#2177453

P.S. Each insurance plan is offered through a well respected, highly rated insurance company, and every plan carries a 30-day Free Look!

**MARSH Affinity Group Services**  
a Service of Seabury & Smith  
P.O. BOX 14464 • Des Moines, IA 50306

1-866-810-9384 • [mda@marshpm.com](mailto:mda@marshpm.com) • [www.mndentalsolutions.com](http://www.mndentalsolutions.com)

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G-610,198

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# ENROLLMENT FORM

## Group Accidental Death & Dismemberment Insurance Plan



### To Enroll:

Send this completed form with your premium check payable to:

**ADMINISTRATOR**  
MDA GROUP INSURANCE PROGRAM  
P.O. BOX 14464  
Des Moines, IA 50306-9468

### QUESTIONS?

Call: 1-866-810-9384  
E-Mail: mda@marshpm.com

**The United States Life Insurance Company  
in the City of New York**

(Please make any corrections to your full name and address printed below.)

Name: \_\_\_\_\_  
Last First MI

Add 1: \_\_\_\_\_

Add 2: \_\_\_\_\_

City, St., Zip: \_\_\_\_\_

### 1. Member/Employee Information

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex  M  F

MM/DD/YYYY

Phone Numbers: Home \_\_\_\_\_ Work \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Name of Beneficiary \_\_\_\_\_ Relationship of Beneficiary \_\_\_\_\_

### 2. Spouse Information

Spouse: (name if proposed for insurance) \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex  M  F

MM/DD/YYYY

Phone Numbers: Home \_\_\_\_\_ Work \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Name of Beneficiary \_\_\_\_\_ Relationship of Beneficiary \_\_\_\_\_

### 3. Check the coverage you want:

Member:  \$100,000  \$200,000  \$300,000  \$400,000  \$500,000  Other \_\_\_\_\_

Spouse:  \$100,000  \$200,000  Other \_\_\_\_\_

Please bill me:  Automatic Semi-Annual Check Withdrawal  Semi-Annual Direct Bill

(If you select Automatic Check Withdrawal, please include a voided check and sign the authorization form.)

I hereby enroll with The United States Life Insurance Company in the City of New York for coverage under the MDA-sponsored Group Accidental Death and Dismemberment Insurance Plan. I have read and understand the conditions and exclusions of the program. I understand that the insurance applied for shall become effective on the first day of the month after receipt of my Enrollment Form and the first premium payment.

**Important Notice:** Any person who knowingly and with intent to defraud any insurance company or other person files a 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 may be a crime. (Fraud provisions vary by state.)

Member/Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Spouse's Signature (if enrolling) \_\_\_\_\_ Date \_\_\_\_\_

Policy No. G-610,198  
AG-7553

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**AUTOMATIC CHECK WITHDRAWAL REQUEST:** By selecting Automatic Check Withdrawal, your premium will automatically be withdrawn from your checking account. Please provide the information requested below. **Remember to include your first premium and a blank voided check with your application.**

Bank Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_

I request that you pay and charge my account debits drawn from my account by the Plan Administrator to its order. This authorization will stay in effect until I revoke it in writing. Until you receive such notice, I agree that you shall be fully protected in honoring any such debits. I also agree that you may, at any time, end this agreement by giving 30 days advanced written notice to me and to the Plan Administrator. You are to treat such debit as if it were signed by me. If you dishonor such debit with or without cause, I will not hold you liable even if it results in loss of my insurance.

**Signature of Premium Payer** \_\_\_\_\_ **Date** \_\_\_\_\_

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# Group Accidental Death and Dismemberment Insurance Plan



## For Minnesota Dental Association Members and their families

### Helping you protect your future...

No one can completely prevent a serious accident from happening, but Minnesota Dental Association can help if it happens to you. The MDA-sponsored Group Accidental Death and Dismemberment Insurance Plan is designed specifically for members of the Minnesota Dental Association to ease the financial burdens an accident can bring.

A serious accident would have a strong impact on your entire family's emotional state. But after the trauma, most accident-stricken families may find themselves unprepared for the financial devastation that may follow. Bills for hospital and physician services as well as everyday bills pile up quickly to threaten and possibly destroy your family's financial future.

This MDA-sponsored Group Accidental Death and Dismemberment Insurance Plan features the following:

### Economical Premiums

Your costs are kept economical through the MDA's collective buying power.

### Group Accidental Death and Dismemberment Insurance Coverage

- **FOR MEMBER:** \$100,000 to \$500,000, in \$50,000 increments\* under age 70.
- **FOR SPOUSE:** \$100,000 to \$250,000 in \$50,000 increments\* under age 70.  
(not to exceed 50% of the member's full benefit amount)

\*At age 70 the amount of insurance will be reduced to 50% of the amount in effect on the day before member attained age 70.

### Guaranteed Acceptance with NO MEDICAL EXAM!

All MDA members in good standing who are under age 70, actively at work full-time (at least 20 hours a week) and not engaged in active military duty are guaranteed acceptance. You may also enroll your lawful spouse under age 70. Coverage will begin on the first of the month following receipt of the enrollment form and premium payment. No medical exam is required.

You must be actively at work on the date your insurance is to take effect. If not, insurance will take effect on the day you resume such work. Your spouse, if enrolling, must be able to perform the normal activities of a person of like age and sex, with like occupation or retired status on the date their insurance is to take effect. If they are not, insurance will take effect on the day they resume such activities. Your spouse, if enrolling, must also not be hospitalized on the date insurance is to take effect. If so, insurance will take effect on the day after they are discharged.

Once you receive your Certificate of Insurance, take up to 30 days to review it. If you're not 100% satisfied within those 30 days, simply return your certificate and we'll send you a full refund of any premiums paid during that period and your certificate will be considered never issued. You will be under no further obligation.

### Worldwide Coverage

Your benefits will protect you from loss as a result of an injury caused by a covered accident 24 hours a day...365 days a year...on or off the job...from across the street to around the world! Even while you're on commercial airplanes, buses, and taxis. (See the exclusions section).

**PLAN NOW!**

### Who Is Eligible?

**Members under age 70 are eligible for up to \$500,000 of coverage.** Lawful spouses of members under age 70 are eligible for up to \$250,000 of coverage (not to exceed 50% of the member's full benefit amount). Coverage for persons age 70 and over is for renewal only. On the date you attain age 70, your amount of insurance will be reduced to 50% of the amount in effect on the day before you attained age 70. The amount of insurance in effect for your spouse, if enrolling, will also be reduced by 50% on the date you attain age 70.

**WHEN INSURANCE ENDS:** Your insurance will end if the group policy ends; if insurance ends for your class; if premium is not paid when due; you attain age 85; or if you enter active military duty. Insurance for your spouse, if enrolling, will end if your insurance ends under the group policy; if the group policy is changed to end dependents' insurance; if your spouse ceases to be a dependent; if premium for your spouse is not paid when due; your spouse attains age 85; or if your spouse enters active military duty.

**SCHEDULE OF BENEFITS**

COVERED LOSS	PERCENTAGE OF CHOSEN BENEFIT
Loss of Life	100%
Loss of both hands, both feet or the sight of both eyes	100%
Loss of any combination of foot, hand or sight of one eye	100%
Loss of one hand, one foot or sight of one eye	50%

For accidental death, 100% of your coverage is payable if injuries result in death within 365 days after the date of a covered accident. If you suffer more than one loss due to any one accident, payment will be made only for that loss for which the largest amount is payable.

Loss of sight means total loss of sight which cannot be restored by surgical or other means. Loss of hand means that a hand is permanently severed at or above the wrist. Loss of foot means that a foot is permanently severed at or above the ankle.

**Exclusions**

No benefits will be paid for any loss that results from or is caused directly, indirectly, wholly or partly by: suicide; insurrection; war or an act of war; physical or mental sickness; or treatment of that sickness; voluntary intake of poison, drugs, gas or fumes, unless taken as prescribed by a physician; intentionally self-inflicted injury; committing a felony, or an attempt to do so; being under the influence of any drug, unless taken as prescribed by a physician; flight in any type of aircraft. This item applies only to: the pilot, whether licensed or unlicensed; and the members of the crew.

**Semi-Annual Rates**

	Premium for Adults Under Age 70
\$100,000	\$18.00
\$200,000	\$36.00
\$300,000	\$54.00
\$400,000	\$72.00
\$500,000	\$90.00

Coverage terminates at age 85.

**HOW TO ENROLL:**

1. Complete, sign and date the enclosed enrollment form.
2. Remember to select your payment option. If you select Automatic Semi-Annual Check Withdrawal, please include a blank voided check and a check for your first monthly premium. If you select Semi-Annual Direct Bill, just include a check for your first Semi-Annual premium.
3. Make checks payable to: Administrator, MDA Group Insurance Program

**Administered By:**

**MARSH**

Affinity Group Services  
a service of Seabury & Smith

MDA GROUP INSURANCE PLANS  
P.O. BOX 14464  
Des Moines, IA 50306-9468

1-866-810-9384  
www.mndentalsolutions.com

AR Ins. Lic. #245544  
CA License #0633005  
d/b/a in CA Seabury & Smith Insurance Program Management

**Underwritten By:**

The United States Life Insurance Company  
in the City of New York

The most prominent independent ratings agencies continue to recognize The United States Life Insurance Company in the City of New York in terms of insurer financial strength. For current insurer financial strength ratings, please consult the Web site at [www.americangeneral.com/ratings](http://www.americangeneral.com/ratings).

The underwriting risks, financial and contractual obligations and support functions associated with products issued by The United States Life Insurance Company in the City of New York (United States Life) are its responsibility.

This brochure is a brief summary of benefits only and is subject to the terms, conditions, exclusions and limitations of Group Policy No. G-610,198, Form No. G-19000. Coverage may vary or may not be available in all states.

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