



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: EarningsGuard Insurance 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, negotiated especially for MDA Members. Rates, although not guaranteed, 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 for approval. 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 member program. Please return your application today!

Yours truly,

Terence B. Bernier
Managing Director
Marsh U.S. Consumer
a Service of Seabury & Smith, Inc.
#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 U.S. Consumer
a Service of Seabury & Smith, Inc.
P.O. BOX 14464 • Des Moines, IA 50306
1-866-810-9384 • mda@marshpm.com • www.mndentalsolutions.com

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MDA EarningsGuard Insurance Guaranteed Acceptance Form

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050525010144
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To Apply:

Send this completed form to:

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

QUESTIONS?

1-866-810-9384

mda@marshpm.com

Our hearing-impaired or voice-impaired members may call the Relay Line at 1-800-855-2881.

Name: _____
Last First MI

Add 1: _____

Add 2: _____

City, St., Zip: _____



Underwritten by:
Hartford Life Insurance Company
Simsbury, CT 06089

YES! I want Disability-Accident protection.

Monthly Benefit Amount*: \$ _____ Waiting Period: 30-days 60-days 90-days

*Monthly benefit amounts up to \$5,000.00 in \$100.00 increments.

1. Please complete:

Phone Numbers:

Home _____ Work _____

E-Mail Address _____ Date of Birth _____
(Mo./Day/Yr.)

2. Read, Sign, and Date:

I hereby enroll with Hartford Life and Accident Insurance Company of Simsbury, Connecticut, for coverage under the Disability-Accident Insurance Plan. I have read and I understand the conditions and exclusions of the program. I certify that I am under age 65, reside in the United States, and Actively-at-Work at least 25 hours a week and the monthly benefit does not exceed 70% of my Basic Monthly Pay. I certify that the statements above are true and complete to the best of my knowledge and belief and are binding on any person. I understand that my coverage will become effective upon the first day of the month following the Administrator's receipt of the Guaranteed Acceptance Enrollment Form and my first premium payment.

Signature X _____ Date X _____

SEND NO MONEY NOW!

The Hartford® is The Hartford Financial Services Group, Inc., and its subsidiaries, including issuing company Hartford Life and Accident Insurance Company.

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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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Disability-Accident Insurance Coverage Guide



First plan offer of its kind designed for Minnesota Dental Association

A disabling injury could be more financially damaging than death. That’s why MDA developed an **EXCLUSIVE** plan offer to help protect your income and other assets. The MDA-sponsored EarningsGuard plan is a first of its kind offer specifically designed for members like you who work. It’s not available to the general public!

The EarningsGuard Plan is an accident disability insurance plan that helps protect your income by paying you monthly benefits if you are Totally Disabled from a covered accident and are unable to work and collect a paycheck.

This first-rate plan offers you the following:

Guaranteed Acceptance

As a MDA Professional in good standing under age 65, who resides in the United States, and is Actively At Work at least 25 hours per week, your acceptance is guaranteed. You cannot be turned down! To get your protection in force, all you need to do is complete and return your **GUARANTEED ACCEPTANCE** Form and premium payment. That’s all there is to it - no medical questions or physical exams are needed.

Pays Monthly Cash Benefits

If you become Totally Disabled from a covered accident, Disability-Accident will pay you monthly cash benefits based on the benefit amount you select. You can choose monthly benefit amounts from \$1,000.00 up to \$5,000.00 in \$100.00 increments (your benefit amount must be less than 70% of your Basic Monthly Pay, minus any Other Income Benefits).

This example is for purposes of illustrating the effect of the benefit reductions and is not intended to reflect the situation of a particular claimant under the policy:

Insured's Basic Monthly Pay	\$ 3,000.00
Disability benefits percentage	<u> </u> x 60 %
Unreduced maximum benefit	\$ 1,800.00
Less any Workers Compensation benefit per month	<u> </u> - \$ 400.00
Total amount of disability benefit per month	\$1,400.00

Options for a Shorter Waiting Period

Many disability plans make you wait up to 180 days before you collect benefits. But with Disability-Accident, you'll receive your benefit amount within 30, 60 or 90 days of Total Disability. And it will keep paying for up to two years as long as you remain Totally Disabled.

Disability-Accident Semi-Annual Rates

Benefit	30 Day Waiting Period	60 Day Waiting Period	90 Day Waiting Period
\$1,000	\$37.80	\$25.80	\$17.40
\$2,000	\$75.60	\$51.60	\$34.80
\$3,000	\$113.40	\$77.40	\$52.20
\$4,000	\$151.20	\$103.20	\$69.60
\$5,000	\$189.00	\$129.00	\$87.00

Rates and/or benefits will not be changed unless they are changed for all insureds in your classification.

Monthly benefit amounts are available in \$100.00 increments up to \$5,000.00, not to exceed 70% of your Basic Monthly Pay. Please contact the program administrator for a rate quote.

Pays Benefits for “Total Disability”

Total Disability means disability which wholly and continuously prevents you from performing the substantial and material duties of your usual occupation.

When Coverage Begins

Your coverage will become effective on the first of the month after we receive your signed Enrollment Form and premium payment. (If you are not Actively-at-Work on that date, coverage will become effective on the first day of the month on or next following the date you are Actively-at-Work for three consecutive months.)

Termination

Your coverage will then remain in effect as long as you are a MDA Professional, pay your premiums when due, you remain employed a minimum of 25 hours per week, except due to disability, are under age 70 and the Master Policy is in force.

Exclusions

This Policy does not cover: intentionally self-inflicted Injury, suicide or attempted suicide, while sane or insane; war or act of war, whether declared or not; any Injury sustained while riding on, boarding or alighting from, any aircraft: as a pilot, crew member or student pilot; operated by any military authority (land, sea or air), unless it is a Military Transport Aircraft used for transport and operated by the United States Military Air Mobility Command (AMC) or an AMC type service of a national government recognized by the United States; or being used for tests, experimental purposes, stunt flying, racing or endurance tests; the commission or attempted commission of a felony by you; sickness or disease; Injury sustained prior to the effective date of coverage; Injury sustained while on full-time active duty as a member of the Armed Forces (land, water, air) of any country or international authority.

Basic Monthly Pay: With respect to an Insured Person who is self-employed, Basic Monthly Pay means the Insured's average net monthly income (gross revenues less business expenses) from the personal practice of his profession or personal conduct of his main business. This average is based on net income for the 12 months, or 24 months, whichever produces the higher average, before the determination is made. If a member has been self-employed for less than 12 months, it is based on the whole time he was self-employed. If a member's practice is incorporated, earned income includes the cost to his company of fringe benefits and his share of total surplus. Income does not include investment returns, rents, royalties, and the like income which is not directly produced from the member's current work. With respect to an Insured Person who is not self-employed, Basic Monthly Pay means an Insured Person's regular monthly rate of pay, not counting commissions, bonuses, overtime pay or any other fringe benefit or extra compensation, in effect on the last day of Active employment prior to becoming Disabled.

Injury means bodily injury which results directly and independently of all other causes from an accident.

Periods of Disability: due to the same or related medical causes; and separated by less than 6 months during which the Covered Person is Actively-at-Work; will be considered one Period of Disability. Benefits during any Period of Disability as the result of more than one accident will be considered the same as if the disability resulted from only one cause.

This Coverage Guide explains the general purpose of the insurance described, but in no way changes or affects the policy as actually issued. In the event of a discrepancy between this brochure and the policy, the terms of the policy apply. All benefits are subject to the terms and conditions of the policy. Policies underwritten by the Hartford Life and Accident Insurance Company detail exclusions, limitations, reduction of benefits and terms under which the policies may be continued in full or discontinued. Complete details are in the Certificate of Insurance issued to each insured individual and the Master Policy issued to the policyholder. This program may vary and may not be available to residents of all states.

THIS IS LIMITED ACCIDENT ONLY COVERAGE.

Administered by:

MARSH

P.O. BOX 14464
Des Moines, IA 50306-9468

QUESTIONS?

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

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

Our hearing-impaired or voice-impaired members may call the Relay Line at 1-800-855-2881.

Underwritten by:



**THE
HARTFORD**

Hartford Life Insurance Company
Simsbury, CT 06089

The Hartford® is The Hartford Financial Services Group, Inc., and its subsidiaries including issuing company Hartford Life and Accident Insurance Company.

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