

Student Disability Insurance Conversion Form

PLCONVS22



Questions? 855.411.5197 | ada.protective.com | adaplanspecialist@protective.com | Submit to: P.O. Box 96 | Birmingham AL, 35201 | Fax:303.262.5463

1 Member Information *Please print legibly*

ADA Number

Full Legal Name

Address

City State ZIP

State of residence is the same as address provided above.

If not, please provide: _____

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, Protective Life 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.

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 Protective Life. 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 Protective Life Insurance Company (PLICO) under group policy (IP-P 7-20, OE-P 7-20, ST-P 8-20) filed in the State of Illinois; in New York through Protective Life and Annuity Insurance Company under group policy (IP-P 10-NY 1-21, OE-P-NY 1-21, ST-P-NY 1-21), issued to the American Dental Association by Protective. Coverage is available to eligible ADA members in all fifty states and US territories under the aforementioned group policy. Each insured will receive a certificate of insurance explaining the terms and conditions of the policy.