

Student Disability Insurance Conversion Form PLCONVS22

Protective Life Insurance Company¹
Protective Life And Annuity Insurance Company



Read all forms



Complete all sections



Email, Mail or Fax completed forms



Questions? 866.607.5334 | 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.

Full Legal Name _____

Home Phone _____

ADA Number _____

Office Phone _____

Social Security Number _____

Cell Phone _____

Address _____

Fax Number _____

City _____ State _____ ZIP _____

Email _____

State of residence is the same as address provided above.

Best way to be contacted: Home Cell Office Email

If not, please provide: _____
State _____

Yes! Please sign me up to receive promotional information and announcements from 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.

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. Benefits and features under these plans may vary by state.

Disability Income Protection	Office Overhead Expense*
<p>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.</p>	<p>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.</p>
<p>Beneficiary's Full Legal Name _____ Relationship to Insured _____</p> <p>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.</p>	<p>Beneficiary's Full Legal Name _____ Relationship to Insured _____</p> <p>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.</p> <p><small>* The Member must be liable and legally responsible for dental school educational loans or other business-related overhead expenses covered under this Plan.</small></p>

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 of Signature

Benefits are provided under Protective Life Insurance Company under group policies (IP-P 7-20, OE-P 9-20, OE-P 9-20) filed in the State of Illinois; in New York through Protective Life and Annuity Insurance Company under group policies (IP-P-NY 12-20, OE-P-NY 12-20, 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 U.S. territories under the aforementioned group policy. Each insured will receive a certificate of insurance explaining the terms and conditions of the policy.

¹ Not licensed in New York