

Applicant Name: _____

ACCIDENTAL DEATH & DISMEMBERMENT

Employee coverage is available in \$10,000 increments from \$20,000 to \$500,000. Spouse coverage is one-half member benefit with a maximum of \$250,000.

19. Benefit Desired: _____ Employee _____ Spouse

COMPLETE IF YOU ELECTED LIFE AND/OR ACCIDENTAL DEATH & DISMEMBERMENT

Beneficiary Name: _____
Last First Middle

Relationship _____ Social Security Number _____

Beneficiary Address: _____
Street City State Zip

This beneficiary designation revokes any previous designations for coverage. The right to further change beneficiary is reserved unto the owner.

LONG TERM DISABILITY

20. Total monthly disability coverage currently carried? \$ _____

21. Is any of this current disability coverage provided by or through another group or franchise contract including employer provided group coverage? Yes No

22. Total monthly income earned BEFORE taxes: \$ _____ 23. Waiting Periods: 90 days 180 days

24. Available in \$100 increments from \$100 to \$5,000. Benefit desired: \$ _____

SHORT TERM DISABILITY

Available in \$100 increments up to \$500

25. Total monthly income earned BEFORE taxes: \$ _____

26. Option 1 (15/15/75) Option 2 (15/15/165) Option 3 (30/30/60) Option 4 (30/30/150)

27. Benefit Desired: _____

NOTE: The Southern Medical Association sponsored group disability income policy coordinates with social security as well as other individual, group or franchise coverage. Please be advised benefits offered by this policy may not be payable or may be greatly reduced if social security, individual or other group or franchise coverage is in force. Please be sure to discuss with a representative the coordination between Long Term Disability and Short Term Disability.

DENTAL PLAN

You must also complete CIGNA Statement of Dental Condition Form

28. Coverage Desired: Employee Only Employee & Spouse
 Employee & Child(ren) Employee & Family

HEALTH INSURANCE

NOTE: When applying for health coverage you must also apply for or already have in force, the minimum amount of Term Life (\$20,000) through SMA Services, Inc.

31. Choose one of the following: Open Access Plan (PPO)

32. Choose Deductible: _____

33. Coverage Desired: Employee Employee & Spouse
 Employee & Child(ren) Employee & Family