



**ASSOCIATION LIFE INSURANCE
THROUGH THE
ISMA INSURANCE AGENCY**

Thank you for your interest in the ISMA's Group Term Life Insurance product. Per your request, please find enclosed the following:

- **A product brochure for Group Term Life insurance, including rates, and optional benefits**
- **An application**

If you wish to apply for coverage, please complete the application in full and return to: ISMA Insurance Agency, c/o Brown & Brown of Indiana, 11555 N. Meridian Street Ste. 220, Carmel, IN 46032. If you prefer, you may fax the application to (317)471-1700.

Please DO NOT cancel any existing insurance coverage until you are notified of approval and given your effective date. If you have any questions or need assistance, please do not hesitate to contact Katie Brockway (317)396-1086 or toll free (877)647-2242.

Check out these valuable features...

- Economical group rates
- Spouse and child(ren) coverage available
- Renewable to age 75
- An accelerated death benefit
- Conversion privilege

30-day free look

If you change your mind, you can return your Certificate of Insurance within 30 days after receiving it and obtain a full refund of any premium paid.

EFFECTIVE DATE: Coverage will begin on the first day of the month following the date your application is approved, provided the required premium has been paid.

EXCLUSIONS AND LIMITATIONS: If a person's age, sex or any other data is misstated, the correct data will be used to determine if insurance is in force. If insurance is in force, the premium and/or benefits will be adjusted according to the facts. If a person commits suicide within 2 years from the date his insurance takes effect, United States Life's liability will be limited to the premiums paid, plus interest.

No accidental death will be paid for any loss that results from or is caused directly, indirectly, wholly or partly by: suicide or intentionally self-inflicted injury; insurrection; war or an act of war; a physical or mental sickness, or treatment of that sickness; voluntary intake of poison, drugs, gas or fumes, unless taken as prescribed by a physician; committing a crime, or an attempt to do so; being intoxicated or under the influence of any drug, unless taken as prescribed by a physician; active military duty in the service of any country; flight in any type of aircraft, unless you travel as a fare paying passenger, or on a pass, and if: the aircraft is licensed to carry passengers; the carrier is licensed to fly such aircraft; the aircraft is flown by a licensed pilot; and the flight is regularly scheduled between established airports.

A SOLID INSURER: This plan is underwritten by The United States Life Insurance Company in the City of New York. This brochure is a brief summary of benefits only and is subject to the terms, conditions, exclusions and limitations of Group Policy No. G-610,292, Form No. G-19000. Complete details can be found in the Certificate of Insurance, which will be sent to you when your application is approved. Coverage may vary and may not be available in all states.

Administered by:

Insurance  Agency

11555 N. Meridian Street, Ste. 220
Carmel, IN 46032
1-877-647-2242
Fax: 317-471-1700

Underwritten by:

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

New York, New York

www.americangeneral.com

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.

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ISMA-TERM

AG8313 (12/10)
06673611-1671 R1/11

Now...

Members of the Indiana State Medical Association can apply for as much as \$1,000,000 of Group Term Life Insurance at economical group rates

Indiana State Medical Association



Why Group Term Life Insurance...

We can sum it up in one word — cost. Term life insurance offers a considerable advantage over permanent life insurance because term policies provide pure protection at a more economical cost during the time your growing family needs it.

Your Indiana State Medical Association (ISMA) Group Term Life Insurance Plan combines economical group rates with high-limit protection. There are no extras such as cash loans or retirement income value to increase the cost. This is truly a no-frills group plan offering you one of the best life insurance values available.

Who can apply?

Any ISMA member in good standing and their spouse, may apply for \$10,000 to \$1,000,000 of coverage (available in increments of \$5,000). All applicants must be under age 65 to apply.

Members and spouses, must be able to perform the normal activities of a person of like age and sex, with like occupation or retired status on the day insurance is to take effect. If not, insurance will take effect on the day the insured resumes such activities.

No medical exam typically required for up to \$250,000*

Answers to the questions on the application are typically all that is needed for coverage up to \$250,000, with no health exams or tests usually required.* Depending on the amount of coverage applied for, a paramedical exam may be required, which will be scheduled at your convenience and at no cost to you. Acceptance is subject to evidence of insurability as determined by the underwriting company.

** Issuance of a Certificate of Insurance or payment of benefits may depend upon the answers given in the application and the truthfulness of those answers.*

An accelerated death benefit

This attractive benefits provision is available to members under the age of 70. If you are terminally ill, as defined by the policy, you may elect to receive an amount up to 50% (less the discount) of your group life insurance benefit. The remaining benefit then becomes payable to your beneficiary after your death.

Terminal illness is a medical condition which is expected to result in the insured person's death within six months and from which the insured person is not expected to recover. You are eligible for this benefit after a waiting period of 180 consecutive days. Accelerated death benefits are not payable if the insured person has made an absolute assignment of his life insurance under the group policy, all or part of the insured person's life insurance under the group is to be paid to his child(ren) or former spouse

as part of a court approved divorce agreement, the insurance company does not receive written consent by any irrevocable beneficiary or the terminal illness is a result of intentional self-inflicted injury or attempted suicide. Receipt of living benefits may be taxable. Consult your tax advisor for details.

Renewable to age 75

As long as you make your premium payments on time, the master policy remains in force, and insurance does not end for your class, you can renew your insurance up to age 75.

Conversion privilege

If insurance ends for a reason other than non-payment of premium, you may buy an individual life insurance policy from the company during the conversion period, without providing evidence of insurability.

Optional Coverages:

Disability Waiver of Premium

If you become totally disabled, as defined in the policy, before age 60, all premiums after nine continuous months of disability will be waived and your coverage will remain in force. Waiver of premium will end on the date total disability ends, proof of total disability is not given by you when due, you are not examined when required, or you attain age 70.

Accidental Death Benefit

If you die as a result of a covered non-job-related injury caused by an accident, an accidental death benefit will be paid in addition to your full life insurance benefit amount. The amount of the accidental death benefit will be the lesser of \$500,000 or twice the amount of your full life insurance benefit amount. The accident must happen while you are insured and the loss must occur within 90 days after the date of that accident.

Children's Coverage

You may insure your unmarried, dependent children age 14 days to 19 years (up to age 25, if a full-time student). Children age 14 days, but not over 6 months, are eligible for \$500 of coverage. Children 6 months to age 25 are eligible for \$5,000 of coverage (subject to state variations). Dependent children must not be hospitalized on the date insurance is to take effect; otherwise insurance will take effect on the day after the insured is discharged. One \$10.00 semi-annual premium covers all of your children.

Group Term Life Insurance

Semi-Annual Premiums per \$10,000 of Coverage

Age	Preferred Rates		
	\$50,000– \$99,999	\$100,000– \$249,999	\$250,000– \$1,000,000
20–24	\$ 1.80	\$ 1.62	\$ 1.62
25–29	2.40	2.16	2.16
30–34	5.28	4.14	3.90
35–39	7.62	6.06	4.80
40–44	12.30	7.02	5.70
45–49	18.72	11.46	8.88
50–54	29.82	16.98	14.88
55–59	45.66	23.28	22.08
60–64	88.32	49.68	48.72
65–69	152.10	94.38	91.86
70–74	290.16	184.68	181.14

Optional Benefits

Semi-Annual Premiums per \$10,000 of Coverage

Age	Disability Waiver of Premium	Accidental Death Benefit**
	\$50,000– \$1,000,000	\$50,000– \$500,000
20–24	\$.54	\$.54
25–29	.54	1.62
30–34	.54	1.62
35–39	1.08	1.62
40–44	1.08	1.62
45–49	2.16	1.62
50–54	3.78	1.62
55–59	6.48	2.16
60–64	NA	3.24
65–69	NA	3.78
70–74	NA	3.78

** Maximum \$500,000 Accidental Death Benefit.

For smoker or super preferred rates, please call the plan administrator at 1-877-647-2242. Coverage terminates at age 75.

A \$3.00 administrative fee will be added to your premium bill.

DECIDE TODAY to add important financial security for those who depend on you.

Applying is easy – Simply complete and return the application to:

ISMA Insurance Agency • 11555 N. Meridian Street, Ste. 220 • Carmel, IN 46032

Call 1-877-647-2242 with any questions, or if you would like assistance with your application.

PLEASE REPLY TODAY! It takes just minutes to give you and your family this solid life insurance protection. Call 1-877-647-2242 if you have any questions.

Simply complete and return to:
 ISMA Insurance Agency, 11555 N. Meridian Street, Ste. 220, Carmel, IN 46032
 A medical exam is typically not required for coverage amounts under \$250,000.

APPLICATION FOR GROUP TERM LIFE INSURANCE
Underwritten by The United States Life Insurance Company in the City of New York
(Herein called the Company)

Member information Please print or type

Name of Association		Name		
		First	Middle	Last
Address				
Number	Street	City	State	ZIP
Home Phone No. ()	Work Phone No. ()	E-mail Address		
Social Security #	Beneficiary		Relationship	
Name and Address of Member's Physician				

(Unless otherwise requested, your spouse, if living, will be the beneficiary. Otherwise, your beneficiary will be your children, parents, siblings, or estate, in that order.)

Spouse information Please print or type

Name			E-mail Address	
First	Middle	Last		
Social Security #	Beneficiary		Relationship	
Name and Address of Spouse's Physician				

(Unless otherwise requested, the member will be the beneficiary of any spouse and/or children insurance applied for.)

Check Life Insurance plan(s) desired

Life Insurance for Member: \$ _____ (\$10,000–\$1,000,000, in \$5,000 increments)
 Life Insurance for Spouse: \$ _____ (\$10,000–\$1,000,000, in \$5,000 increments)
 Life Insurance for Children*: Yes No
 (Up to \$1,000,000 of coverage is available. Unmarried, dependent children age 14 days to 19 years (25 if a full-time student) are eligible for coverage. Children age 14 days, but not over 6 months, are eligible for \$500 and children 6 months to age 25 are eligible for \$5,000. One economical premium covers all eligible dependent children.)

Check optional Insurance benefit(s) desired

Waiver of Premium for Member AD&D Insurance for Member: \$ _____ (The lesser of \$500,000 or twice the amount of the life insurance benefit desired)
 Waiver of Premium for Spouse AD&D Insurance for Spouse: \$ _____

Select your preferred payment mode

I wish to pay: Semi-annually Annually

Complete the following for the applicant /member and children for whom coverage is requested

Insured	Name	Age	Date of Birth (MM/DD/YY)	Place of Birth	Height	Weight	Sex (M/F)
Member					ft. in.	lbs.	
Spouse					ft. in.	lbs.	
Child					ft. in.	lbs.	
Child					ft. in.	lbs.	

G-19430 IN TL-ISMA Group Policy No. G-610,292 AG8313 (12/10) 06673611-1672 R1/11

*Coverage for children is optional. Applicant or spouse may apply for child coverage, but not both.

Please continue this application on the reverse side

MEDICAL INFORMATION BUREAU (MIB) DISCLOSURE NOTICE (Retain for your records)

Information regarding your insurability will be treated as confidential. The United States Life Insurance Company in the City of New York or its reinsurers may, however, make a brief report thereon to the MIB, Inc., formerly known as Medical Information Bureau, a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its members. If you apply to another MIB member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information about you in its file.

Upon receipt of a request from you, MIB will arrange disclosure of any information in your file. Please contact MIB at 866-692-6901 (TTY 866-346-3642). If you question the accuracy of the information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the Federal Fair Credit Reporting Act. The address of MIB's information office is 50 Braintree Hill Park, Suite 400, Braintree, Massachusetts 02184-8734.

The United States Life Insurance Company in the City of New York, or its reinsurers, may also release information from its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. Information for consumers about MIB may be obtained on its website at www.mib.com.

Note: Canadian Members should continue to use the following address: 330 University Avenue, Suite 501, Toronto, Ontario, Canada, M5G 1R7, tel. no. 416-597-0590.

Please answer these brief questions

	Member	Spouse
1. Has the applicant/member or spouse, if applying, during the past 5 years, ever had, been diagnosed with, or been treated for: chest pain; disease or disorder of the heart, liver, kidneys, blood or lungs; high blood pressure; stroke or other neurological disorder; mental/nervous disorder; drug or alcohol abuse; diabetes; cancer or tumor; Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC) or tested positive for an immune disorder?	1. <input type="checkbox"/> YES <input type="checkbox"/> NO	1. <input type="checkbox"/> YES <input type="checkbox"/> NO
2. Has the applicant/member or spouse, if applying, during the past 5 years, consulted any physician or other practitioner or been confined or treated in any hospital or similar institution, for any reason other than those stated above?	2. <input type="checkbox"/> YES <input type="checkbox"/> NO	2. <input type="checkbox"/> YES <input type="checkbox"/> NO
3. Has the applicant/member or spouse, if applying, used tobacco or nicotine in any form during the past 12 months?	3. <input type="checkbox"/> YES <input type="checkbox"/> NO	3. <input type="checkbox"/> YES <input type="checkbox"/> NO
4. Is the applicant/member or spouse, if applying, now taking prescription medication or receiving medical attention?	4. <input type="checkbox"/> YES <input type="checkbox"/> NO	4. <input type="checkbox"/> YES <input type="checkbox"/> NO
5. Has the applicant/member or spouse, if applying, ever had life or health insurance declined, modified or rated?	5. <input type="checkbox"/> YES <input type="checkbox"/> NO	5. <input type="checkbox"/> YES <input type="checkbox"/> NO
6. Is this insurance intended to replace or modify any insurance with this or any other company?	6. <input type="checkbox"/> YES <input type="checkbox"/> NO	6. <input type="checkbox"/> YES <input type="checkbox"/> NO

For "Yes" answers to questions 1-6 above, please provide details in the space provided below. If more space is needed, use a separate sheet of paper, signed and dated. If additional information is attached, check "Yes" in the box at the right. YES NO

Question #	Member	Spouse	Condition	Date Occurred	Duration	Degree of Recovery	Name and Address of Physicians, Hospitals or Clinics Consulted

Existing and pending insurance section

Life Insurance in Force and/or Pending on Proposed Insured's Life, including Business Insurance: (If none, check "None".) None

Member	Spouse	Name of Company	Type of Coverage	Life Amount	Year Issued	Do you plan to replace this coverage?	
						Yes	No

Please read the following, then sign and date below to apply

AUTHORIZATION AND DECLARATION OF EACH PERSON GIVING A STATEMENT OF INSURABILITY: I hereby authorize any licensed physician, medical practitioner, pharmacy, pharmacy benefit manager and other sources, hospital, clinic, or other medical or medically related facility, insurance company, the Medical Information Bureau, or other organization, institution or person that has any records or knowledge of me or my health, to give to The United States Life Insurance Company in the City of New York or its reinsurers any such information. Such information will pertain to my employment, or other insurance coverage and medical care, advice, treatment or supplies for any physical or mental condition. This includes information obtained in connection with the preparation or procurement of an investigative consumer report as defined under the Fair Credit Reporting Act(s). To facilitate the rapid submission of such information, I authorize all said sources, except the Medical Information Bureau, to give such records or knowledge to any agency employed by the Company to collect and transmit such information. I understand that this information will be used by the Company solely to determine eligibility for insurance. I understand that I may revoke this authorization at anytime by giving written notice to the Company. I agree that such revocation will not affect any action that any source has taken in reliance upon this authorization. I understand this authorization will be valid for 24 months from the effective date of coverage, if not revoked earlier. I know that I should retain a copy of this authorization for my records. I agree that a photocopy of this authorization is as valid as the original. To the best of my knowledge and belief, all statements made above are true and complete. I understand that my application for group insurance will be accepted or declined on the basis of these statements. Insurance will take effect only if a certificate is issued based on this application and the first premium is paid in full (a) during the lifetime of all proposed insureds; and (b) while there is no change in the insurability or health of such person from that stated in the application.

*Dependent Child must be unmarried, age 14 days to 25 years of age. All dependents must be dependent in accordance with IRS guidelines.

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.

<input checked="" type="checkbox"/> Member's Signature	Date / /	<input checked="" type="checkbox"/> Spouse's Signature	Date / /
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G-19430 IN TL-ISMA Group Policy No. G-610,292 AG8313 (12/10) 06673611-1672 R1/11

PLEASE REPLY TODAY!

**It takes just minutes to give you and your family this solid life insurance protection.
A medical exam is typically not required for coverage amounts under \$250,000.
Send No Money Now! We'll send you a premium notice upon approval.**

Complete the application and return to:

ISMA Insurance Agency, 11555 N. Meridian Street, Ste. 220, Carmel, IN 46032 — Questions? Call 1-877-647-2242

NOTICE AS REQUIRED UNDER THE FAIR CREDIT REPORTING ACT(s)

This is to inform you that as part of our procedure for processing your insurance application, an investigative consumer report may be requested for the preparation of a report whereby information is obtained through personal interviews with your neighbors, friends or others with whom you are acquainted or who may have knowledge of any such items of information. This inquiry includes information as to your character, general reputation, personal characteristics, and mode of living. You have the right to make a written request to be informed as to whether or not such a consumer report was requested, and if such report was requested, the name and address of the consumer reporting agency to whom the request was made. You may receive a copy of this report by contacting such agency.