THE 2023 – 2024 PHYSICIAN ASSISTANTS GROUP DISABILITY INSURANCE PLAN SPONSORED BY THE AMERICAN MEDICAL ASSOCIATION (AMA)

FULL-TIME STUDENTS ENROLLED IN THE UNIVERSITY OF WASHINGTON
MEDEX NORTHWEST PHYSICIAN ASSISTANT PROGRAM ARE ELIGIBLE FOR THIS COVERAGE

It's hard to imagine yourself as disabled. You're fit and healthy, right? But a surprising number of people do find themselves hurt or sick and unable to work or attend school – even if only for a short time. With student loan debt facing you, a disability could be financially devastating.

The AMA sponsored MedPlus Advantage (MPA) Long Term Disability Plan provides a monthly benefit in the event you become disabled and are unable to complete your training. The plan is designed to meet the particular needs and concerns of individuals who have chosen to dedicate themselves to the health care professions.

Enrollment is convenient and easy!

PLEASE SEE THE CERTIFICATE OF INSURANCE FOR SPECIFIC PLAN PROVISIONS.

The MPA plan is designed to meet the particular needs and concerns of individuals who have chosen to dedicate themselves to the health care professions. Here's how:

- If you become totally Disabled, you are eligible for a monthly base benefit of \$1,100.
- If Permanently and Totally Disabled, your eligible student loans, up to \$250,000 are eligible for repayment.
- If Permanently and Totally Disabled, you are eligible for a one-time \$5,000 lump sum benefit after 12 months of Permanent and Total Disability.
- Includes a Return to School/Work Benefit to cover expenses if disabled and participating in the Rehabilitation Plan.

This is your opportunity to enroll in this coverage without providing evidence of good health. Forms must be completed and submitted within 31 days of your first day in the University of Washington MEDEX Northwest Physician Assistant Program or during the annual open enrollment.

Enrollment outside of the annual open enrollment period will require Evidence of Insurability.

COST FOR THE PROGRAM

Premium for this valuable program is only \$93.08 for the 2023-2024 year. That is \$1.79 per week - less than you'd pay for a latte at your local coffeehouse. The cost for year 2 (14 months) is \$108.59.

ELIGIBILITY TO ENROLL

You are eligible to enroll in the Long Term Disability program if you are a full-time student in the Physician Assistant training program at the University of Washington.

ELIGIBILITY FOR BENEFITS

If you become totally disabled (as defined in the certificate of insurance), you will receive a monthly benefit starting on the first day after a 90 day waiting period. Your benefits will continue for the rest of your life or until your disability ends. Disabilities due to a Mental Health Disorder and Substance Abuse are limited to 24 months of Benefits.

With so much to lose how can you afford not to enroll?

A PROVIDER YOU CAN COUNT ON

Founded in 1906 in Portland, Oregon, Standard Insurance Company has built a national reputation with quality insurance products, personalized service, innovation and strong financial performance. Standard Insurance Company is rated A (Excellent) by A.M. Best, for financial condition and operating performance.

This is a brief description of the main features of this plan only. Exclusions and Limitations apply. The Certificate of Insurance sets forth in detail the rights and obligations of both the insured and the Insurance company.

Sponsored by:

American Medical Association | Chicago, Illinois

Insurance Program Underwritten & Claims Paid By: Standard Insurance Company | Portland, Oregon

If you have questions regarding plan benefits, please visit www.medplusadvantage.com or you may contact the AMA Insurance Agency Med Plus Advantage Program at 1.888.627.6618 or via email at info@medplusadvantage.com.

For more information and to view the Certificate of Coverage, visit: https://hr.uw.edu/benefits/insurance/other/

PHYSICIAN ASSISTANT APPLICATION

LONG TERM DISABILITY INSURANCE

Name (First, Middle Initial, Last)		Expected G	Expected Graduation Date	
Student Number (or last 4 digits of SSN) G	iender: Male Fema	ale Date of Birt	Date of Birth	
CONTACT INFORMATION	PLEASE PRINT LEGIBLY			
Street Address	City	State	ZIP Code	
Home Telephone Number	Cell Number	Pag	Pager Number	
Email Address				
I hereby request coverage under the AMA spons Assistants issued by Standard Insurance Compa terms and conditions of the group insurance po	ny. I understand that the cov			
Signature		 Date		
PAYMENT INSTRUCTIONS	S AND MAILING	ADDRESS		
Premium coverage from October 1, 2023 throug The form and premium must be postmarked by Please return the completed form, with check pa #644228" to:	October 31, 2023.		include "Policy	
AMA Insurance Agency, Inc.				

Suite 39300 Chicago, IL 60611

PLEASE KEEP A COPY FOR YOUR RECORDS

Plan administered by AMA Insurance Agency, Inc. 330 N. Wabash Ave., Suite 39300, Chicago, IL 60611 800.458.5736

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