

2008-2009
AMA Sponsored Med *Plus* Advantage

UNIVERSITY OF MEDICINE AND DENTISTRY OF NEW JERSEY

GROUP DISABILITY INSURANCE PLAN
FOR FULL-TIME NURSING, ALLIED HEALTH AND GRADUATE STUDENTS

Professional Benefit Consultants, Inc.

NURSING, ALLIED HEALTH AND GRADUATE STUDENT'S ENROLLMENT FORM

ANNUAL PREMIUM: \$93.60

THIS FORM AND YOUR ANNUAL PREMIUM MUST BE RECEIVED WITHIN 30 DAYS OF START OF YOUR SCHOOL YEAR. IF YOU ARE UNSURE OF YOUR START DATE CALL YOUR ASSOCIATE DEAN FOR STUDENT AFFAIRS.

YES, please enroll me in the Disability Income Insurance Plan being provided by Professional Benefit Consultants, Inc. and the AMA Insurance Agency, Inc. I understand that payment of the annual premium is due in full with this enrollment form.

Name: _____ Date of Birth: ____/____/____

Address: _____ SS# ____/____/____

City/State/Zip: _____ Phone: (____) _____

UMDNJ School: _____ Program (if SHRP) _____

Current Year in School: ____1st ____2ND ____3RD ____4th Other _____

Signature: _____ Date _____

Make check in the amount of \$93.60 payable to **Standard MPA Program**. Please remit check with completed form to the address below.

Jenny Kim-Woerman
Professional Benefit Consultants, Inc.
7525 S.E. 24th Street, Suite 350
Mercer Island, WA 98040

If you have any questions, please call Professional Benefit Consultants at 866-960-6337 or the American Medical Association Insurance Agency, Inc. at 800-458-5736.