

AMA Sponsored Med *Plus* Advantage

UNIVERSITY OF MEDICINE AND DENTISTRY OF NEW JERSEY

GROUP DISABILITY INSURANCE PLAN FOR FULL-TIME ALLIED HEALTH PROFESSIONS STUDENTS

Provident Life and Accident Insurance Co., underwriter

STUDENT 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'RE 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 Provident Life and Accident Insurance Company 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 of Health Related Professions: _____ Program: _____

Current Year in School 1st 2nd 3rd 4th Other _____

Signature: _____

Date _____

Make check in the amount of \$93.60 payable to Provident Life and Accident Insurance Company, a subsidiary of UnumProvident Corporation. Remit check with completed enrollment form to the address below.

For further information contact:

Teresa Wallace
UnumProvident
1 Fountain Square, 5-South
Chattanooga, TN 37402

(800) 780-4685 ext. 2369
Direct: (423) 755-2369
Fax#: (423) 209-4539