

Group Dental Insurance Plan Enrollment Form



American Society of Radiologic Technologists

Underwritten by The United States Life Insurance Company in the City of New York,
A member company of American International Group, Inc.

APPLICANT:

Member's Full Name _____
Street Name and No. _____
City _____
State _____ Zip _____

1. Select the type of plan and billing frequency you prefer.
2. Complete the personal information requested.
3. Sign, date and return enrollment along with payment in the enclosed postage paid envelope.



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. (Fraud notice language varies by state.)

1. BENEFIT PLAN

Select box for the Benefit Plan you want.

Member Member/Spouse Member/Child(ren) Family

PLEASE BILL ME: Quarterly Semi-annually Annually

2. PERSONAL INFORMATION (Please Print)

Phone Number: (____) _____ Email Address: _____

Social Security #: _____ ASRT Member Id#: _____

Date of Birth: ____/____/____ Age: ____ Sex: Male Female

_____ Complete if family members are to be insured

Name	Sex	Age	Date of Birth
SPOUSE			
CHILD			
CHILD			
CHILD			

* Children must be unmarried and under age 19; age 25 if a full time student. Attach a separate piece of paper, if you are enrolling more than 3 children.

3. PAYMENT

Please make checks payable to Affinity Insurance Services, Inc. or pay by credit card.

Type of credit card: Discover MasterCard Visa

Credit Card Number: _____ Expiration Date: ____/____
Month Year

I hereby authorize Affinity Insurance Services, the Plan Administrator, to charge as a purchase my insurance premium to my Discover, MasterCard or Visa account number as shown. I understand and agree that premiums will not be paid through my Discover, MasterCard or Visa account if I am in default under the terms of my account or if my account has been canceled.

4. AUTHORIZATION AND DECLARATION

I hereby enroll with The United States Life Insurance Company in the City of New York, A member company of American International Group, Inc. for coverage under the group dental insurance plan available to ASRT members and their families. I have read and understand the conditions and exclusions of the program.

I understand that the insurance applied for shall become effective on the first day of the month after receipt of my Enrollment Form and first premium payment.

Signature: _____ **Date:** ____/____/____

Spouse Signature: _____ **Date:** ____/____/____

(If applying)

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Administered by Affinity Insurance Services, Inc. in all states except: in NY and NH, AIS Affinity Insurance Agency; in MN and OK, AIS Affinity Insurance Agency, Inc.; and in CA, AIS Affinity Insurance Agency, Inc. dba Aon Direct Insurance Administrators License #0795465.

Policy Form No: V610, 210

Please complete the other side and return this form with payment in the self-addressed, postage-paid envelope right away. If the reply envelope is missing, please return to:

Plan Administrator
300 South Wacker Drive, Suite 700
Chicago, IL 60606

Don't let an unanswered question delay your enrollment.

Call toll free: 1-877-212-8334

COMPENSATION and OTHER DISCLOSURE INFORMATION

Life and Health, a division of Affinity Insurance Services, Inc. exclusively offers the Dental Insurance Program as an agent of The United States Life Insurance Company in The City of New York, a member company of American International Group, Inc. and provides administrative services that may include the following: program marketing, underwriting, policy management, billing, risk management and client services on its behalf.

The underwriting risks, financial obligations and support functions associated with the products issued by The United States Life Insurance Company in the City of New York are its responsibility. The United States Life Insurance Company in the City of New York is responsible for its own financial condition and contractual obligations.

As compensation for the services provided above, Affinity receives 55% total compensation for marketing the program and for administrative services. For mid-term premium bearing coverage endorsements and renewal policies, Affinity is compensated at the same level as the initial policy commission, unless we notify you otherwise.

Other than the commissions described in the preceding paragraph, Affinity will receive no other compensation from the insurer and there will be no other fees or charges to you.

Your signature on your application, check, and/or authorization for payment of your premium, will be deemed to signify your consent to and acceptance of the terms and conditions including the compensation, as disclosed above, that is to be received by Affinity.

In addition, premiums paid by Clients to Affinity for remittance to insurers, Client refunds and claim payments paid to Affinity by insurance companies for remittance to Clients are deposited into fiduciary accounts in accordance with applicable insurance laws until they are due to be paid to the insurance company or Client. Subject to such laws and the applicable insurance company's consent, where required, Affinity will retain the interest or investment income earned while such funds are on deposit in such accounts.

Aon Corporation, our ultimate parent company, and its affiliates have from time to time sponsored and invested in insurance and reinsurance companies. While we generally undertake such activities with a view to creating an orderly flow of capacity for our clients, we also seek an appropriate return on our investment. These investments, for which Aon is generally at-risk for potential price loss, typically are small and range from fixed-income to common stock transactions. In such case, the gains or losses we make through our investments could potentially be linked, in part, to the results of treaties or policies transacted with you. Please visit the Aon website at www.aon.com/market_relationships for a current listing of insurance and reinsurance carriers in which Aon Corporation and its affiliates hold any ownership interests.

Contracts and Agreements

Aon Corporation's operating affiliates are parties to numerous agreements with many insurance and reinsurance companies, including companies from which our clients have purchased insurance or reinsurance. Please visit www.aon.com/market_relationships for more detail on these agreements.