

Application - continued

Insurability Questions - continued

3. Other than stated in question #2, have you ever had treatment by, or consultation with, any hospital, institution, physician or practitioner within the past 5 years? Yes No
 (This includes any self diagnosis, treatment or medication.)

If "Yes" to any part of question 2 or 3, give details in boxes below: (Use a separate sheet of paper if more space is needed.)

Specify Question 2 or 3	Condition	Date Occurred	Duration	Degree of Recovery	Names & Addresses of Physicians, Hospitals or Clinics Consulted

It will greatly speed action on your application if you provide names and addresses of all doctors you have consulted (even routinely).

4. Do you have any disability insurance in force or pending (including group coverage)? Yes No
 If YES, please indicate companies and amounts _____
5. Will this coverage applied for, replace any insurance in force now? Yes No
 If YES, please indicate companies and amounts _____

AUTHORIZATION AND DECLARATION OF PERSON GIVING A STATEMENT OF INSURABILITY

I hereby authorize any licensed physician, medical practitioner, 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 United States Life or its reinsurers any such information. Such information will pertain to my employment, or other insurance carrier or medical care, advice, treatment or supplies for any physical or mental condition. This includes that 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 United States Life to collect and transmit such information.

I understand that this information will be used by United States Life solely to determine eligibility for insurance. I understand that I may revoke this authorization at any time. I agree that such revocation will not affect any action which United States Life has taken in reliance upon this authorization. I understand this authorization will not be valid after 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 while there is no change in the insurability or health of such person from that stated in the application.

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 provisions vary by state.)

Signature _____ Date Signed _____
 G-19025 DI DIPAP-9/08 AG-6416

For Company Use Only	
POLICY #	G-208,475
CERT.#	_____

A physical exam and blood test will be required in order to process your application. A national paramedical service (such as ExamOne) will contact you directly to make arrangements. You may be asked to provide your most recent IRS Form 1040 and all schedules for financial underwriting.

PLEASE COMPLETE ENTIRE FORM TO EXPEDITE PROCESSING
 AND RETURN TODAY IN THE POSTAGE-PAID ENVELOPE PROVIDED

**DO NOT SEND MONEY WITH YOUR APPLICATION.
 YOU WILL BE BILLED FOR THE APPROPRIATE PREMIUM WHEN YOUR INDIVIDUAL CERTIFICATE OF INSURANCE IS ISSUED.**

Sponsored by:
American Medical Association (AMA)
 515 North State Street
 Chicago, IL 60654

Administered by:
AMA Insurance Agency, Inc.
A Subsidiary of the American Medical Association
 515 North State Street, Chicago, IL 60654
 (in California, d/b/a AMA of Illinois Insurance Agency)

Underwritten by:
**The United States Life Insurance Company
 in the City of New York**
 A subsidiary of American International Group, Inc. (AIG)
 Administrative Office
 3600 Route 66
 Neptune, NJ 07754-1580



Please Reply By: October 27, 2008

Questions?

Call Our Disability Income Insurance Specialists Today!

Phone: 1-800-742-9704

Monday – Friday, 8:00 a.m. – 5:00 p.m. (CT)

Sample A. Sample, M.D.
123 Main Street
Anytown, ST 12345



Will you and your family be financially secure if you're disabled?

Dear Dr. Sample,

46 Americans are disabled from an illness or injury every minute.* And most Americans are not prepared financially when disability strikes.** Whether you've considered purchasing disability income insurance or feel that you don't have enough coverage, now is the time to add this important protection to your financial security. Otherwise, if your income stops due to a disability, your assets, your ability to make loan payments and the available funds for your everyday expenses may be at risk.

At AMA Insurance Agency, Inc., a subsidiary of the American Medical Association (AMA), we find that too few physicians have the coverage necessary to replace the income that may be lost due to a disability. We have worked diligently to negotiate and develop this Disability Income Insurance Plan specifically for physicians. **And our NEW Higher Monthly Benefit (\$12,500), coupled with the New Catastrophic Disability Rider, could replace up to \$16,300 of your monthly income!**

This exceptional physicians' disability plan features:

- **"Own Specialty"** Disability – pays benefits if you can't work in your specific medical specialty.
- Economical Coverage for Younger Applicants – only apply for the coverage you need now.
- Future Benefit Increase Option under Age 40 – you may be eligible to increase coverage with no health questions or medical exam when your income increases.
- Portability of Coverage – this policy follows you whether you change employers or start your own practice.
- Worldwide Coverage – at home, at work, or on vacation – anywhere in the world.

Important fact: A typical employer-provided disability plan only replaces 50-60% of your income and these benefits are TAXABLE! Even if this coverage is enough to meet your financial needs now, your situation can change, and if you leave that employer their policy doesn't follow you. With this disability plan you're covered whether you work for another employer or become self-employed and benefits are in most cases, NON-TAXABLE. Consult your tax advisor.

NEW - as an AMA member you receive a 30% premium credit. That's a significant annual savings – for example, a \$12,500 monthly benefit with a 3-month waiting period would save you over \$409.

You may have plans for starting a family, forming your own practice, buying a home, or even a second home. **The AMA-sponsored Disability Income Insurance Plan can help protect your lifestyle and financial future.**

I urge you to apply today. Everything you need is enclosed. Upon approval by the underwriter, The United States Life Insurance Company in the City of New York, you'll receive a Certificate of Insurance which you can examine without obligation for 30 days. Have questions? Please call our Disability Income Insurance Specialists at 1-800-458-5736, Monday-Friday, 8 a.m.-5 p.m. (CT).

Sincerely,

J. Christopher Burke, FLMI
President

<p>Disability Income Protection: Over \$640 Million in Claims Paid Over the Last 3 Decades by the AMA-Sponsored Disability Income Insurance Plan.</p>
--

P.S. For faster service, call 1-800-742-9704 and **apply right over the phone** (9 a.m.–8 p.m. ET, Monday–Friday).

*National Safety Council, Injury Facts®, 2007-2008 Edition
**Consumer Federation of America, 2008

Semi-Annual Premiums for the AMA-Sponsored Disability Income Insurance Plan

Annual Earned Income*	Maximum Monthly Benefit	2-Month Waiting Period	3-Month Waiting Period	6-Month Waiting Period	12-Month Waiting Period
-----------------------------	-------------------------------	------------------------------	------------------------------	------------------------------	-------------------------------

Under Age 35

\$54,000	\$3,000	\$322.14	\$255.22	\$162.55	\$115.60
72,000	4,000	429.52	340.29	216.74	154.13
90,000	5,000	536.90	425.36	270.92	192.66
108,000	6,000	644.28	510.43	325.10	231.19
126,000	7,000	751.66	595.50	379.29	269.72
144,000	8,000	859.04	680.58	433.47	308.26
162,000	9,000	966.42	765.65	487.66	346.79
180,000	10,000	1,073.80	850.72	541.84	385.32
198,000	11,000	1,181.18	935.79	596.02	423.85
225,000+	12,500	1,342.25	1,063.40	677.30	481.65

Increase your benefits for just a 10% added cost
Select our NEW Catastrophic Disability Rider when you apply, and you will receive a 30% increase in monthly benefits.

Save \$XXX.XX per year as an AMA Member

If you qualify for a \$12,500 monthly benefit with a 3-month waiting period, your semi-annual cost would be \$XXX.XX — a 30% savings of \$XX.XX off the non-member premium shown here. This equals significant annual savings of \$XXX.XX.

Age 35 - 39

\$54,000	\$3,000	\$415.74	\$329.32	\$207.01	\$154.60
72,000	4,000	554.32	439.09	276.02	206.13
90,000	5,000	692.90	548.86	345.02	257.66
108,000	6,000	831.48	658.63	414.02	309.19
126,000	7,000	970.06	768.40	483.03	360.72
144,000	8,000	1,108.64	878.18	552.03	412.26
162,000	9,000	1,247.22	987.95	621.04	463.79
180,000	10,000	1,385.80	1,097.72	690.04	515.32
198,000	11,000	1,524.38	1,207.49	759.04	566.85
225,000+	12,500	1,732.25	1,372.15	862.55	644.15

Attention Residents of AK, AL, AZ, CA, FL, GA, HI, LA, MS, NM, OR, SC, TX and WA:

Due to less favorable claims experience, which is higher than the national average, rates are 40% higher in California and Florida and 20% higher in Alaska, Alabama, Arizona, Georgia, Hawaii, Louisiana, Mississippi, New Mexico, Oregon, South Carolina, Texas and Washington. If you live in one of these states, the rates shown here already include these state-specific variations.

Premium Notes: If you are an AMA Member, you will receive a 30% Premium Credit for at least the first year of coverage. Catastrophic Disability Rider premium is 10% of your base rate up to age 60 (or 20% additional premium age 60 and above). Premium credits and state surcharges apply to the full premium amount. Premiums shown are for standard risks. A higher premium may be charged for certain medical conditions or impairments. For amounts below \$3,000 or premiums at other ages, please call 1-800-458-5736.

*Annual Earned Income as used here means income after professional business expenses and before taxes.

**Coverage ends on your certificate anniversary following attainment of age 75.

Premiums are based on your age on the effective date of coverage and your attained age on each renewal date. Depending on plan experience, premiums may change on the plan anniversary date (September 1) or your annual renewal date (whichever is later). To offset increased administration and processing expenses, the semi-annual premiums shown include a modal factor of .52 or 52% of the annual premiums. This makes paying annually a better value. If you prefer to pay annually, just divide the semi-annual premium by .52.

Note: Non-member Physicians will be assessed an annual administrative fee of \$55, which is also subject to the modal factors explained above.

Age 40 - 44

\$54,000	\$3,000	\$534.61	\$423.38	\$266.92	\$194.06
72,000	4,000	712.82	564.51	355.89	258.75
90,000	5,000	891.02	705.64	444.86	323.44
108,000	6,000	1,069.22	846.77	533.83	388.13
126,000	7,000	1,247.43	987.90	622.80	452.82
144,000	8,000	1,425.63	1,129.02	711.78	517.50
162,000	9,000	1,603.84	1,270.15	800.75	582.19
180,000	10,000	1,782.04	1,411.28	889.72	646.88
198,000	11,000	1,960.24	1,552.41	978.69	711.57
225,000+	12,500	2,227.55	1,764.10	1,112.15	808.60

Age 45 - 49

\$54,000	\$3,000	\$689.05	\$545.69	\$362.23	\$273.47
72,000	4,000	918.74	727.58	482.98	364.62
90,000	5,000	1,148.42	909.48	603.72	455.78
108,000	6,000	1,378.10	1,091.38	724.46	546.94
126,000	7,000	1,607.79	1,273.27	845.21	638.09
144,000	8,000	1,837.47	1,455.17	965.95	729.25
162,000	9,000	2,067.16	1,637.06	1,086.70	820.40
180,000	10,000	2,296.84	1,818.96	1,207.44	911.56
198,000	11,000	2,526.52	2,000.86	1,328.18	1,002.72
225,000+	12,500	2,871.05	2,273.70	1,509.30	1,139.45

Application

AMA-SPONSORED DISABILITY INCOME INSURANCE PLAN

Underwritten by The United States Life Insurance Company in the City of New York
A subsidiary of American International Group, Inc. (AIG)

Sample A. Sample, MD
123 Any Street
Somewhere, US 12345-6789

Benefits Selection

FILL IN MONTHLY BENEFIT AMOUNT APPLIED FOR:

\$ _____ (in increments of \$100.)
Maximum base benefit amount is 66 2/3% of your earned monthly income up to \$12,500/month.

SELECT WAITING PERIOD:

2 Mo. 3 Mo. 6 Mo. 12 Mo.

SELECT PREMIUM BILLING CYCLE:

Semi-Annually Annually

If billing choice is not made, you will automatically be billed semi-annually.

ADD NEW CATASTROPHIC DISABILITY RIDER:

Yes No

Personal Information

Both home and business address are required to process your application. Please complete:

000000000

000000000

Home Address: _____
Street City State Zip

Business Address: _____
Street City State Zip

Email Address: _____ May AMA Insurance Agency email you regarding our products and services? Yes

Date of Birth: _____ Birthplace _____ Height _____ Weight _____
Mo. Day Yr. State/Country Ft. In. Lbs.

Annual Earned Income _____ Sex: M F Home Phone No. (_____) _____
After Bus. Expenses Area Code

Occupation: Physician Specialty: _____ Office Phone No. (_____) _____
Area Code

Have you been practicing less than 1 year? Yes No Social Security No. _____

Please reply by
October 27, 2008
to lock in your
**30% Member-only
premium credit!**

To Apply By Phone:



For the fastest service call

1-800-742-9704
9 a.m.–8 p.m. (ET)
Monday–Friday

To Apply By Mail:



Answer all the questions on this application. Be sure to complete both sides.

- Please print clearly.
- Date and sign the application.

If you have made corrections or strike-outs, you must initial them.

Questions?

Call
1-800-458-5736
8 a.m.–5 p.m. (CT)
Monday–Friday

OVER, PLEASE

Insurability Questions

Answer each question by checking the "Yes" or "No" box, as it applies.
Circle specific disorders experienced.

CHECK ONE

- Are you now, and have you been for the last 30 days, performing all the duties of your occupation for 30 or more hours per week at your usual place of business?
If no give details here: _____
 Yes No
- Have you ever had or been treated for (circle specific disorders experienced and give details in the space provided on the back of the application):
 - Disease or disorder of the heart or murmur, chest pain, rheumatic fever, elevated blood pressure, stroke? Yes No
 - Injury, pain or disorder of neck or back? Sciatica? Any disabling injury? Yes No
 - Arthritis, gout, bursitis or rheumatism? Yes No
 - Dizziness, epilepsy, convulsions, recurrent headaches, glaucoma, cataract or other disorder of the eyes or ears? Yes No
 - Disease or disorder of rectum or anus? Varicose veins or other vascular disorder? Yes No
 - Diabetes? Sugar, albumin or pus in urine? Thyroid or other glandular disorder? Yes No
 - Duodenal or stomach ulcer, or other disorder of stomach, liver, gall bladder? Colitis, Diverticulitis, or other disorder of small or large intestine? Yes No
 - Prostate disorder? Kidney stone or colic, nephritis, nephrosis or other kidney disorder? Urinary infection? Yes No
 - Menstrual, uterine or ovarian disorder? Disorder of the breast? Yes No
 - Bronchitis, emphysema, pleurisy, difficult breathing, blood spitting or other disorder of lung or nose? Yes No
 - Cancer or other tumor? Deformity or loss of limb? Congenital defect? Yes No
 - Mental or emotional problem requiring help of a physician or psychologist? Yes No
 - A surgical operation? A surgical operation advised, but not performed? Yes No