



Group Insurance Enrollment Form

For residents of UT System Medical Foundation at Houston
by Prudential Insurance Company of America
751 Broad Street, Newark, New Jersey 07102

PLEASE PRINT

Name: Last First Middle Initial

Birth Date: Month / Day / Year

Male Female Current Texas Medical License Number or Institutional Permit

Social Security No.

Are you a member of the Texas Medical Association? Yes No Do you currently have TMAIT Insurance? Yes No

Medical Specialty

Residency is scheduled to start: Residency is scheduled for completion:

Month / Day / Year Month / Day / Year

For my enrollment in:

- Disability Income \$ _____ (Please indicate annual salary.)
(Coverage will be equal to 66% of monthly earnings; \$5,000/month maximum - 30 day waiting period.)
- Term Life Insurance \$100,000
- Accidental Death & Dismemberment \$20,000

My beneficiary:

Name Relationship Social Security No.

If more than one beneficiary is designated, settlement will be made in equal shares to the designated beneficiaries (or the beneficiary) as survive the Insured, unless otherwise provided herein. If no designated beneficiary survives the Insured, settlement will be made to the estate of the Insured, unless otherwise provided in the Group Policy.

In order to be eligible for and maintain the insurance indicated above: (a) I am a member of Texas Medical Association, (b) I must continue such membership to keep this insurance in force, (c) I must be actively at work on a full-time basis on the effective date of coverage, (d) I hereby request participation in the Texas Medical Association Insurance Trust and agree to be bound by its terms, and (e) I will remit required contributions for such insurance when due.

Signature Date

Address

City State Zip



TEXAS MEDICAL ASSOCIATION
INSURANCE TRUST

Resident Coverages

UT System Medical Foundation at Houston

▶ Long Term Disability ◀

66% of Income with \$5,000 Monthly Benefit Maximum
30 Day Waiting Period

▶ Member Term Life Insurance ◀

\$100,000 (*physician*)

▶ Personal Accident ◀

\$20,000 (*physician*)

*Your TMAIT Representative is
Liz West – 800-880-8181 – lwest@tmait.org*

TMAIT – PO Box 1707 – Austin, TX 78767-1707