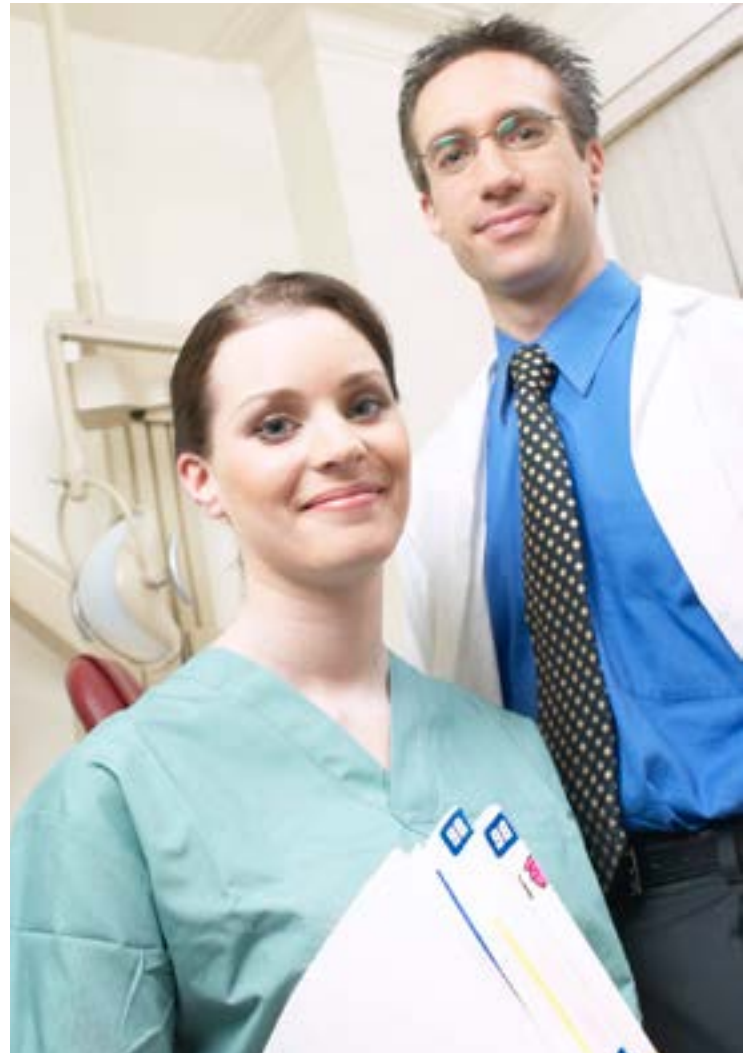


LAVFW Premier Group Dental Insurance Plan



**Ladies
Auxiliary
VFW**



- Acceptance Guaranteed
- Comprehensive Coverage
- Economical Insurance Protection
- Choice of your own dentist

You deserve more!

LAVFW Premier Group Dental Insurance Plan

A new Enhanced Dental Insurance Plan you can't afford to pass up

Dear Valued Member:

With tighter budgets across America, dental care costs continue to stretch budgets. Comprehensive and affordable dental insurance makes the biggest difference. The cost of a dental visit today can easily reach into hundreds, even thousands, of dollars. While multiple plans are available to the public, coverage can be limited and expensive. The good news is that because you are an LAVFW member, comprehensive dental coverage at an affordable group rate is available!

This booklet will help to illustrate the LAVFW Premier Group Dental Insurance Plan and benefits, including the ability to keep your own dentist. More details and plan highlights, including an optional PPO through the SmileMax® dental network, are highlighted.

You, your spouse, and all unmarried dependent children under 19 (or 25, if a full time student), subject to state variations, are guaranteed acceptance. There's absolutely no risk when you enroll, because your satisfaction is assured! Return your Certificate of Insurance marked "Cancel" within 30 days if you are not completely satisfied with your dental plan, and any money you have paid will be immediately refunded.

At last, your family's dental health care may be taken care of without budget busting dental expenses. Plan details, directions on enrolling, and the necessary enrollment form are all included in this booklet.

If you have any questions, please feel free to call the AmWINS Group Benefits Customer Care Center, toll-free at 1-800-808-4515, Monday through Friday, 8:00 AM to 8:00 PM (Eastern Time).

Look over the booklet and enroll today!

Sincerely,

Samuel H. Fleet
President and CEO
AmWINS Group Benefits

Your Solution to the High Cost of Dental Procedures.

The cost of dental treatments and procedures today are overwhelming – no matter if it's a simple exam or extensive oral surgery. But your dental health – and the dental health of your family – are important. When a dental problem arises, and you or someone in your family needs treatment, you need insurance protection against the high cost of dental bills.

Offering You the Comprehensive Benefits You Need.

With a long list of covered treatments and procedures, the new enhanced Premier Group Dental Insurance Plan is one of the most comprehensive plans available to you today. It pays benefits for preventive and diagnostic care – like dental exams and x-rays...and nearly every form of specialty treatment. It even pays benefits for crowns and dentures. And, you can get these important treatments with any dentist you choose – even the one you trust right now.

Getting on Your Way to Complete Dental Health.

Seeing your dentist regularly is an important part of your dental health management. That's why the new enhanced Premier Group Dental Insurance Plan has a minimal waiting period. You can use your preventive, diagnostic and restorative services immediately. Endodontics and oral surgery have a 6-month waiting period. Once you have been enrolled under the Plan for 12 consecutive months, you are eligible for benefits under restorative – major, periodontics, prosthetics-removable, fixed bridge, and adjunctive.



Comprehensive Insurance Protection at economical group rates.

The new Premier Group Dental Insurance Plan offers economical group rates!

You're Accepted!

Your acceptance is guaranteed. Just fill out the enclosed Enrollment Form and return it, along with your first premium payment, in the postage-paid reply envelope provided. That's all there is to it!

You will be insured on the first day of the month after your request for insurance is received, provided the first initial premium is paid. You must be able to

perform the normal activities of a person of like age and sex, with like occupation or retired status on the date your insurance is to take effect. If you are not, such insurance will take effect on the day you resume such activities.

A Plan for You and Your Family.

As a Member in good standing, you, your lawful spouse, and your unmarried dependent children under age 19 (or 25, if a full-time student) are eligible. (Subject to state variations.) That includes stepchildren and adopted children.

High Annual Maximums for Each Person Covered.

After the deductible is satisfied, each covered individual can receive up to \$1,200 each in payments during each calendar year. Additionally, this Plan includes a separate \$1,000 annual Accident Benefit per insured. Such a high individual cap ensures that every covered individual will get the care – and the benefits – they deserve!

Economical Deductibles Mean More Coverage for You and Your Family.

You pay no deductible when receiving preventive or diagnostic treatment. All other services are subject to a \$50 deductible per insured person (\$150 family unit maximum), per calendar year. That deductible is applied against insurance-covered expenses, not billed charges.

Premier Group Dental Insurance Plan

If during a calendar year, insured members of a family incur covered charges that are applied toward the deductible, and add up to equal the \$150 family deductible, no further deductible will be required for any other member of that family during that calendar year. The charges that each family member may apply to reduce the family deductible may not exceed the \$50 per person deductible.

Easy to Use.

Soon after enrolling in the new enhanced – Premier Group Dental Plan, you will receive your Certificate of Insurance. Your Certificate lists all the dental treatments and procedures covered by this Plan. The enclosed Schedule of Dental Services lists the maximum amount payable for each treatment, not to exceed the actual charge. Once your dentist submits a standard claim form, your Plan will pay the benefits outlined directly to you – or to your dentist – whichever you prefer.

30-Day Free Look!

Your satisfaction is assured. If you are not completely satisfied for any reason, return your Certificate of Insurance marked “Cancel” within 30 days. Any money you have paid will be fully and promptly refunded.

When Coverage Ends.

Your coverage remains in force until you cease to be a member, fail to pay your premium payment when due, or when the group policy ends. Coverage for your dependents will end if your insurance ends, dependents’ insurance ends under the group policy, the person ceases to be a dependent or the premium payment is not paid for the dependent when due.

It's easy to enroll!

1. Fill in all the information requested on the enclosed Enrollment Form.
2. Indicate which family members you want covered, giving name, sex, and birth date.
3. Sign your name and date; then, return your completed Enrollment Form with your check for your first quarterly premium payment, payable to AmWINS Group Benefits. A postage-paid reply envelope is provided for your convenience.

The underwriting risks, financial and contractual obligations and support functions associated with products issued by The United States Life Insurance Company in the City of New York (United States Life) are its responsibility. For answers to any questions or additional information, call Toll-Free 1-800-808-4514.

Charges not covered

No benefits will be paid for expenses incurred for:

1. any portion of a charge for any service in excess of the scheduled benefit shown in the Schedule of Dental Services.
2. any procedure not listed as a scheduled benefit in the Schedule of Dental Services.
3. services that are not recommended, approved and certified as necessary and reasonable by a dentist.
4. for services that are not approved by the Council of Dental Therapeutics of the American Dental Association.
5. overdentures and associated procedures.
6. cosmetic procedures, including charges for porcelain or other veneer crowns, pontics, and porcelain or other veneer facings on crowns or pontics to replace molars.
7. the replacement of full and partial dentures, bridges, inlays, onlays or crowns that can be repaired or restored to normal function.
8. implants; and for: (a) the replacement of lost or stolen appliances; (b) the replacement of orthodontic retainers; (c) athletic mouth guards; (d) precision or semi-precision attachments; (e) denture duplication; or (f) sealants, except as specifically provided in the Schedule of Dental Services.
9. oral hygiene instructions; and for: (a) plaque control; (b) the completion of a claim form; (c) acid etch; (d) broken appointments; (e) prescription or take-home fluoride, or (f) diagnostic photographs.
10. services and procedures that are begun, but not completed by the end of the month in which coverage terminates.
11. for charges in connection with an orthodontic service or procedure.
12. care or treatment of a condition for which a person is entitled to or eligible for benefits under any Worker's Compensation Act or similar law.
13. charges that are applied toward satisfaction of a deductible, if any.
14. charges incurred after a person's insurance ends. However, dental benefits may be provided as described in the Benefits After Insurance Ends provision.

Exclusions

No dental benefits will be paid by the group policy for charges incurred for treatment which:

1. is given after a person's insurance ends, regardless of when the injury or sickness occurred.
2. is not essential for the necessary care or treatment of the injury or sickness involved.
3. would be given free of charge if the person was not insured.
4. results from a war or an act of war.
5. results from intentionally self-inflicted injury
6. is given by a person's spouse or his or her spouse's father, mother, son, daughter, brother or sister.
7. is given by a person's employer or an employee of such employer.

All persons who were previously insured for dental insurance under this plan and later voluntarily end insurance will not be eligible to re-enroll on any date after insurance was voluntarily ended.

Premier Group Dental Insurance Schedule of Dental Services

Please note that a total of 157 American Dental Association (ADA) treatments and procedures are identified and covered by this Dental Plan. This total is far in excess of the number of treatments and procedures covered under most competing dental plans.

| Code | Description of Services | Benefit | Code | Description of Services | Benefit |
|--|--|---------|--|---|---------|
| I. Preventive (No waiting period) | | | IV. Restorative – Major (12-month waiting period) cont. | | |
| 0150 | Comprehensive oral evaluation | \$ 35 | 2721 | Crown – resin with predominantly base metal | \$230 |
| 0120 | Periodic oral evaluation – 6-month interval | 20 | 2722 | Crown – resin with noble metal | 270 |
| 0140 | Limited oral evaluation – problem focused | 35 | 2740 | Crown – porcelain/ceramic substrate | 275 |
| 1110 | Prophylaxis – Adult – 6-month interval | 55 | 2750 | Crown – porcelain fused to high noble metal | 295 |
| 1120 | Prophylaxis – Child – 6-month interval | 35 | 2751 | Crown – porcelain fused to predominantly base metal | 285 |
| 1203 | Topical application of fluoride (prophylaxis not included) – 12-month interval to age 19 | 20 | 2752 | Crown – porcelain fused to noble metal | 285 |
| 1351 | Sealants, per tooth – first and second molar within two years of eruption | 15 | 2780 | Crown – 3/4 cast metal | 285 |
| 9110 | Palliative (emergency) treatment of dental pain – minor procedure | 50 | 2790 | Crown – full cast high noble metal | 290 |
| II. Diagnostic (No waiting period) | | | 2791 | Crown – full cast predominantly base metal | 275 |
| 0210 | Intraoral – complete series (including bitewings) – 36-month interval | \$ 60 | 2792 | Crown – full cast noble metal | 275 |
| 0220 | Intraoral – periapical – first film | 15 | 2910 | Recement Inlay | 20 |
| 0230 | Intraoral – periapical – each additional film | 10 | 2920 | Recement Crown | 20 |
| 0240 | Intraoral – occlusal film | 15 | 2930 | Prefabricated Stainless Steel Crown – primary tooth | 65 |
| 0270 | Bitewing – single film – 6-month interval | 20 | 2950 | Core Buildup, including any pins | 60 |
| 0272 | Bitewings – two films – 6-month interval | 20 | 2951 | Pin Retention - per tooth, in addition to restoration | 15 |
| 0274 | Bitewings – four films – 6-month interval | 30 | 2952 | Cast Post and Core in addition to Crown | 88 |
| 0330 | Panoramic film | 45 | V. Endodontics (6-month waiting period) | | |
| 0340 | Cephalometric film | 65 | 3220 | Therapeutic pulpotomy (excluding final restoration) | \$ 30 |
| III. Restorative (No waiting period) | | | 3310 | Root Canal – anterior (excluding final restoration) | 160 |
| 1520 | Space maintainer – removable - unilateral | \$ 35 | 3320 | Root Canal – bicuspid (excluding final restoration) | 175 |
| 1525 | Space maintainer – removable - bilateral | 65 | 3330 | Root Canal – molar (excluding final restoration) | 180 |
| 2140 | Amalgam - one surface, permanent | 40 | 3351 | Apexification/Recalcification - initial visit (apical closure/calcific repair of perforation, root resorption, etc.) | 90 |
| 2150 | Amalgam - two surfaces, permanent | 45 | 3352 | Apexification/Recalcification - interim medication replacement (apical closure/calcific repair of perforations, root resorption, etc.) | 55 |
| 2160 | Amalgam - three surfaces, permanent | 45 | 3353 | Apexification/Recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.) | 40 |
| 2161 | Amalgam - four or more surfaces, permanent | 45 | 3410 | Apicoectomy/Periradicular surgery - anterior | 150 |
| 2330 | Resin - one surface, anterior | 40 | 3450 | Root Amputation – per root | 45 |
| 2331 | Resin - two surfaces, anterior | 45 | 3920 | Hemisection (including any root removal), not including root canal therapy | 105 |
| 2332 | Resin - three surfaces, permanent | 60 | 3950 | Canal Preparation and fitting of preformed dowel or post | 35 |
| 2335 | Resin - four or more surfaces or involving incisal angle (anterior) | 65 | VI. Periodontics (12-month waiting period) | | |
| IV. Restorative – Major (12-month waiting period) | | | 4210 | Gingivectomy or gingivoplasty – per quadrant | \$ 100 |
| 2520 | Inlay – metallic – two surfaces | \$ 190 | 4211 | Gingivectomy or gingivoplasty – per tooth | 60 |
| 2530 | Inlay – metallic – three or more surfaces | 195 | 4240 | Gingival Flap procedure, including root planing – per quadrant | 145 |
| 2543 | Onlay – metallic – three surfaces | 200 | 4249 | Clinical Crown lengthening – hard tissue | 30 |
| 2544 | Onlay – metallic – four or more surfaces | 200 | 4260 | Osseous surgery (including flap entry and closure) – per quadrant | 265 |
| 2620 | Inlay – porcelain/ceramic – two surfaces | 190 | 4263 | Bone Replacement graft – first site in quadrant | 30 |
| 2630 | Inlay – porcelain/ceramic – three or more surfaces | 190 | | | |
| 2643 | Onlay – porcelain/ceramic– three surfaces | 190 | | | |
| 2644 | Onlay – porcelain/ceramic– four or more surfaces | 190 | | | |
| 2710 | Crown resin (laboratory) | 130 | | | |
| 2720 | Crown – resin with high noble metal | 260 | | | |

Premier Group Dental Insurance Schedule of Dental Services *(continued)*

| Code | Description of Services | Benefit | Code | Description of Services | Benefit |
|---|---|---------|---|--|---------|
| VI. Periodontics (12-month waiting period) cont. | | | VIII. Fixed Bridge (12-month waiting period) cont. | | |
| 4270 | Pedicle Soft Tissue Graft procedure | 145 | 6252 | Pontic - Resin with noble metal | 195 |
| 4271 | Free Soft Tissue Graft procedure (including donor site surgery) | 145 | 6545 | Retainer - Cast metal for resin bonded fixed prosthesis | 195 |
| 4341 | Periodontal Scaling and root planing –per quadrant | 40 | 6720 | Crown - Resin with high noble metal | 220 |
| 4910 | Periodontal Maintenance procedures (following active therapy) | 45 | 6721 | Crown - Resin with predominantly base metal | 215 |
| VII. Prosthetics - Removable (12-month waiting period) | | | 6722 | Crown - Resin with noble metal | 215 |
| 5110 | Complete Denture – maxillary | \$ 290 | 6750 | Crown - Porcelain fused to high noble metal | 230 |
| 5120 | Complete Denture – mandibular | 290 | 6751 | Crown - Porcelain fused to predominantly base metal | 215 |
| 5211 | Maxillary Partial Denture – resin base (including any conventional clasps, rests and teeth) | 145 | 6752 | Crown - Porcelain fused to noble metal | 215 |
| 5212 | Mandibular Partial Denture – resin base (including any conventional clasps, rests and teeth) | 145 | 6780 | Crown - 3/4 cast high noble metal | 220 |
| 5213 | Maxillary Partial Denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) | 170 | 6790 | Crown - Full cast high noble metal | 225 |
| 5214 | Mandibular Partial Denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) | 170 | 6791 | Crown - Full cast predominantly base metal | 225 |
| 5410 | Adjust Complete Denture – maxillary | \$ 20 | 6792 | Crown - Full cast noble metal | 215 |
| 5411 | Adjust Complete Denture – mandibular | 20 | 6930 | Recement Fixed partial denture | 35 |
| 5421 | Adjust Partial Denture – maxillary | 20 | IX. Oral Surgery (6-month waiting period) | | |
| 5422 | Adjust Partial Denture – mandibular | 20 | 7140 | Single tooth | \$ 30 |
| 5510 | Repair Broken Complete Denture base | 30 | 7210 | Surgical Removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth | 40 |
| 5520 | Replace Missing or Broken Teeth - complete denture (each tooth) | 30 | 7220 | Removal of impacted tooth - soft tissue | 60 |
| 5610 | Repair Resin Denture base | 30 | 7230 | Removal of impacted tooth - partially bony | 90 |
| 5620 | Repair Cast Framework | 40 | 7240 | Removal of impacted tooth - completely bony | 110 |
| 5630 | Repair or Replace Broken Clasp | 20 | 7241 | Removal of impacted tooth - completely bony, with unusual surgical Complications | 110 |
| 5640 | Replace Broken Teeth - per tooth | 30 | 7250 | Surgical Removal of residual tooth roots (cutting procedure) | 40 |
| 5650 | Add Tooth to existing Partial Denture | 55 | 7285 | Biopsy of oral tissue - hard | 35 |
| 5660 | Add Clasp to existing Partial Denture | 55 | 7286 | Biopsy of oral tissue - soft | 35 |
| 5710 | Rebase Complete Maxillary Denture | 60 | 7320 | Alveoloplasty in conjunction with extractions - per quadrant | 100 |
| 5711 | Rebase Complete Mandibular Denture | 60 | 7410 | Excision of benign tumor - lesion diameter up to 1.25cm | 85 |
| 5720 | Rebase Maxillary Partial Denture | 60 | 7411 | Excision of benign tumor - lesion diameter greater than 1.25cm | 85 |
| 5721 | Rebase Mandibular Partial Denture | 60 | 7440 | Excision of malignant tumor - lesion diameter up to 1.25cm | 85 |
| 5730 | Reline Complete Maxillary Denture (chairside) | 75 | 7441 | Excision of malignant tumor - lesion diameter greater than 1.25cm | 85 |
| 5731 | Reline Complete Mandibular Denture (chairside) | 75 | 7450 | Removal of odontogenic cyst or tumor - lesion diameter up to 1.25cm | 90 |
| 5740 | Reline Maxillary Partial Denture (chairside) | 75 | 7451 | Removal of odontogenic cyst or tumor - lesion diameter greater than 1.25cm | 90 |
| 5741 | Reline Mandibular Partial Denture (chairside) | 75 | 7460 | Removal of nonodontogenic cyst or tumor - lesion diameter up to 1.25cm | 90 |
| 5750 | Reline Complete Maxillary Denture (laboratory) | 100 | 7461 | Removal of nonodontogenic cyst or tumor - lesion diameter greater than 1.25cm | 90 |
| 5751 | Reline Complete Mandibular Denture (laboratory) | 100 | 7465 | Destruction of lesion(s) by physical or chemical method, by report | 90 |
| 5760 | Reline Maxillary Partial Denture (laboratory) | 100 | 7471 | Removal of exostosis - maxilla or mandible | 130 |
| 5761 | Reline Mandibular Partial Denture (laboratory) | 100 | 7510 | Incision and Drainage of abscess - intraoral soft tissue | 45 |
| 5850 | Tissue Conditioning, Maxillary | 35 | 7960 | Frenulectomy (frenectomy or frenotomy) - separate procedure | 80 |
| VIII. Fixed Bridge (12-month waiting period) | | | 7970 | Excision of pericoronal gingival | 100 |
| 1510 | Space Maintainer - fixed - unilateral | \$ 115 | X. Adjunctive Services (12-month waiting period) | | |
| 1515 | Space Maintainer - fixed - bilateral | 150 | 9220 | General anesthesia - first 30 minutes | \$ 65 |
| 6210 | Pontic - Cast high noble metal | 215 | 9310 | Consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment) | 30 |
| 6211 | Pontic - Cast predominantly base metal | 240 | | | |
| 6212 | Pontic - Cast noble metal | 240 | | | |
| 6240 | Pontic - Porcelain fused to high noble metal | 260 | | | |
| 6241 | Pontic - Porcelain fused to predominantly base metal | 260 | | | |
| 6242 | Pontic - Porcelain fused to noble metal | 260 | | | |
| 6250 | Pontic - Resin with high noble metal | 260 | | | |
| 6251 | Pontic - Resin with predominantly base metal | 195 | | | |

Dear SmileMax® Dental Network Member,

We are pleased to inform you that your group dental insurance plan issued through your association, now includes an optional PPO feature through the SmileMax® dental network. The SmileMax® network is a group of credentialed dental professionals at more than 140,000 locations nationwide that have contracted to provide dental services at negotiated rates — to help reduce your out-of-pocket expenses.

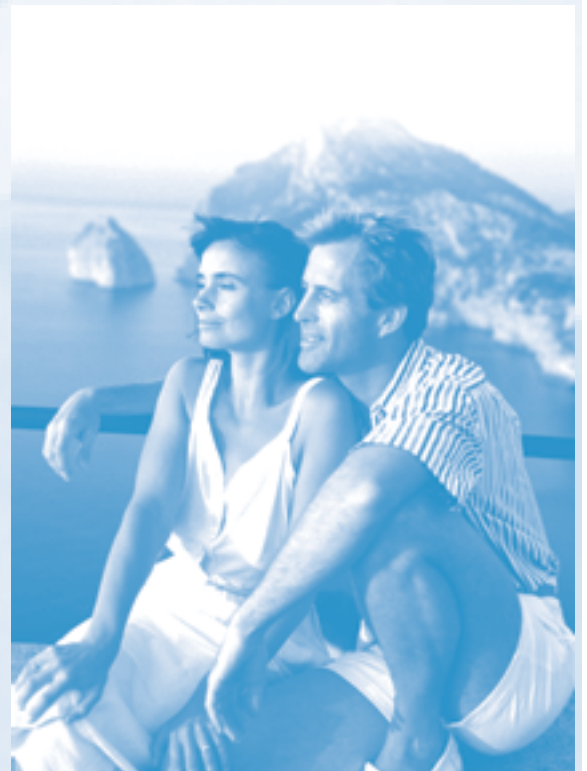
Please note that this enhancement does not impact any of the benefit provisions in your certificate of insurance. Your insurance benefits will continue to be paid according to your certificate of insurance. However, by using a SmileMax® provider for dental services, the total cost of services will be less, resulting in lower out-of-pocket costs for you. On average, savings of 20 to 40 percent have been achieved nationally when using a network dentist.

Upon enrollment, you will receive new dental identification cards. Please present this card when using SmileMax® providers so that you can access the negotiated fees. This card also contains information about locating providers and submitting claims.

To locate a participating provider, please visit your association's insurance program website. You may continue to choose any dentist, but your out-of-pocket costs will be less when you use a participating provider.

If your dentist does not currently participate in SmileMax®, you can nominate him/her for membership by visiting your association's website.

If you have questions or any service needs we can assist with, please review the enclosed SmileMax Dental Network Questions and Answers or contact our customer care center at 1.800.808.4514.



SmileMax[®] Dental Network Questions and Answers

What is the SmileMax[®] network?

The SmileMax network, administered by Careington International and DenteMax, is a group of credentialed dental professionals at more than 140,000 locations nationwide that have contracted to provide dental service at negotiated fees. Please note that in Michigan, only DenteMax providers can be accessed. In Nevada, only Diversified Dental Services providers can be accessed.

Will there be any changes to the benefits?

No. There are no benefit changes. Your benefits will continue to be administered as described in your certificate of insurance. You are not required to use a SmileMax dentist.

My dentist is not in the network. How can new dentists be nominated for the network?

Contact your plan administrator to obtain a nomination form. Complete the form with your dentist's contact information and submit it per instructions indicated on the form. The SmileMax network will invite your dentist to join the network.

Do I save money using a network dentist?

You save when you select a network dentist. Network dentists have agreed to accept negotiated fees, which can significantly lower your out-of-pocket costs. When a network dentist is selected, you are charged pre-arranged fees that are guaranteed to be at or under the dentist's usual fee. Your scheduled dental plan continues to pay at the level shown in your certificate of insurance. You are responsible for the difference between the network dentist's negotiated fee (which is less than the dentist's usual fee) and the amount paid by your scheduled dental plan.

What are the other advantages of using a network dentist?

Selecting a network dentist can help ensure quality care, because all network dentists are screened according to a rigorous credentialing process. Also, using network dentists can save you time and hassles since all claim paperwork is submitted by the network dentist. Network dentists offer convenient locations, since they are situated close to work and home.

How do I locate a network dentist online?

Simply visit your plan's Web site for information on your dental plan and participating providers. When the Provider Search page appears, click "Dentists in the SmileMax Network." From this point, plan members can search for a dentist by name or location. You can also create and print your own personal directory.

If I am unable to use the "Find a Dental Provider" search because I do not have immediate access to a computer, how can a network dentist be located?

Call 1-800-221-3480 for personal service in locating a network dentist in your area.

What if I prefer a dentist who is outside of the network?

You are free to select any dentist and still receive benefits. However, your costs will typically be more if you select a non-network provider.

How do I get more information about my dental plan?

If you have questions about your dental plan, contact your plan administrator.

How do I submit a claim?

Often the dental office will submit claims for you, particularly if you have visited a participating dentist. If the dental office submits the claim, using an electronic claims submission (also referred to as EDI) expedites the claim adjudication and is recommended. If you are submitting the claim, or if the dentist's office is submitting the claim via mail, claims forms may be obtained from your plan administrator's website or by contacting your plan administrator.

Will I receive a new certificate?

No. Since the benefits themselves are not changing, you will not receive a new certificate. To fully take advantage of the benefits under your program, you are encouraged to use a network provider.

Why am I receiving an ID Card?

ID cards are being provided so that SmileMax providers identify you as a plan participant and ensure that you are billed at the negotiated fees.

What if I don't bring my ID card when I visit a participating dentist?

You should advise the provider that your plan provides access to SmileMax negotiated fees. The SmileMax provider will still provide you with the necessary dental care and can file the claim on your behalf. When the claim examiner is reviewing the claim submission, the discounted provider fees will be applied.

What if I lose my dental ID card?

Contact your plan administrator for a replacement.

Group Policy issued by:

The United States Life Insurance Company in the City of New York
New York, NY

Policy Form Number G-19000

This plan is underwritten by The United States Life Insurance Company in the City of New York, NAIC No. 70106, domiciled in the state of New York with a principal place of business of One World Financial Center, 200 Liberty Street, New York, NY 10281. It is currently authorized to transact business in all states plus DC, except PR.

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

LAVFW Premier Group Dental Insurance Plan

Official Enrollment Form

Please print, complete all areas, sign and date.

| | | | |
|--|--|-------------------------------------|------|
| Member First Name: | | Member Last Name: | |
| Address: | | | |
| City: | | State: | Zip: |
| Date of Birth: / / | Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female | Social Security Number: - - | |
| Are you a member of LAVFW?: <input type="checkbox"/> Yes <input type="checkbox"/> No | | LAVFW Membership Number: | |
| Daytime Telephone Number: | | E-mail address: | |

Dependent Information: Complete if family members are to be insured.

| | | | |
|-------------------------------------|--|--|--|
| Spouse First Name: | | Spouse Last Name: | |
| Date of Birth: / / | Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female | | |
| mo. day year | | | |
| Social Security Number: - - | | E-mail address: | |
| Name of Child*: | Date of Birth: / / | Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| Name of Child*: | Date of Birth: / / | Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| Name of Child*: | Date of Birth: / / | Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female | |

** Children must be unmarried and under age 19; (25 if a full-time student) - subject to state requirements.
If enrolling for more than 3 children, please attach a separate piece of paper, dated and signed.*

Enclosed is my Quarterly Premium Payment which includes a \$3.00 Administrative Fee for:

Single Member.....\$102.00 Member & 1 Dependent.....\$180.00 Member & 2 or more Dependents.....\$242.00

| | |
|------------------------------------|-------|
| Member's Signature: | Date: |
| Spouse's Signature (If enrolling): | Date: |

I hereby enroll with The United States Life Insurance Company in the City of New York, for coverage under the LAVFW Premier Group Dental Insurance Plan. 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.

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.)

G19477

Group Policy No. V-610,110
AG-10111

Return your Enrollment Form in the enclosed postage-paid reply envelope or mail to:

LAVFW Premier Group Dental Insurance Plan, P.O. Box 153046, Irving, TX 75015-3046
Administered and Marketed by: AmWINS Group Benefits, Inc., Irving, TX
Underwritten by: The United States Life Insurance Company in the City of New York

Please make your check payable to: AmWINS Group Benefits

Reverse side of form; intentionally left blank.

LAVFW Premier Group Dental Insurance Plan



This brochure is a brief description of benefits only and is subject to the terms, conditions, exclusions and limitations of Group Policy No. V-610,110, Form No. G-19000. Coverage may vary or may not be available in all states. Once you receive your Certificate of Insurance, if you're not 100% satisfied within the first 30 days, simply return the Certificate marked "Cancel" and we'll send you a full refund of any premiums paid during that period. Your certificate will be considered never issued and you will be under no further obligation.

Mailing Address: LAVFW Premier Group Dental Insurance Plan
P.O. Box 153046
Irving, TX 75015-3046

Administered and Marketed by: AmWINS Group Benefits, Inc., Irving, TX

Underwritten by: The United States Life Insurance Company
New York City