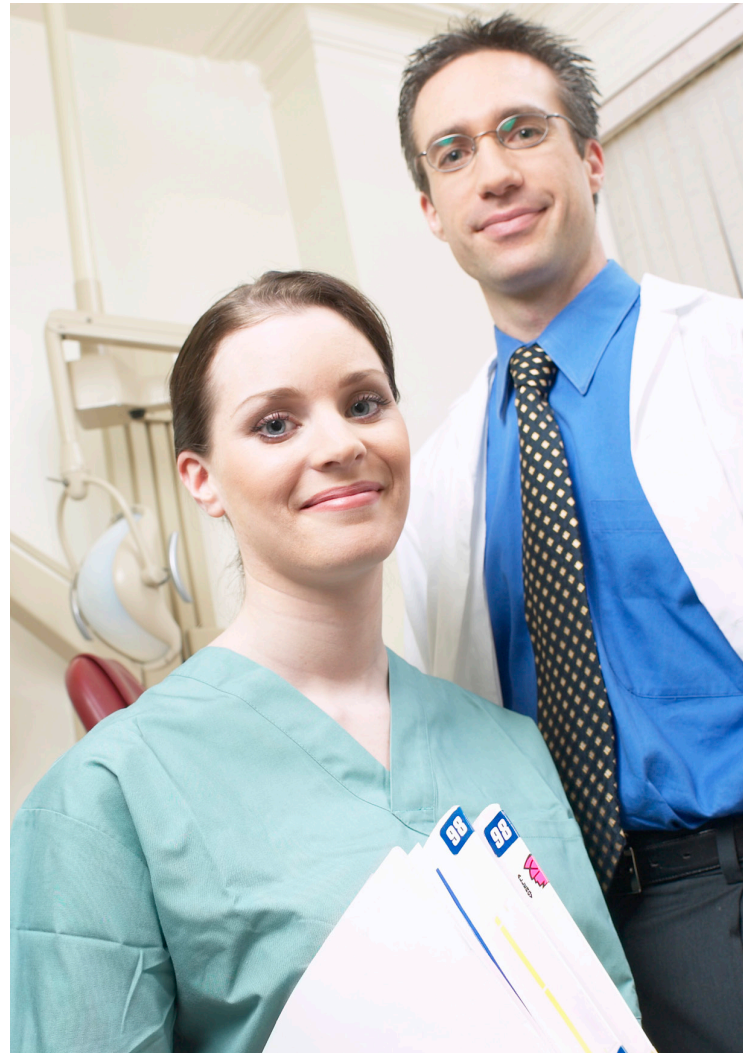


LAVFW Premier Group Dental Insurance Plan



**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 economical 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 economical 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.

This plan is underwritten by The United States Life Insurance Company in the City of New York. Policies are issued by The United States Life Insurance Company in the City of New York (all states). The United States Life Insurance Company in the City of New York is responsible for the financial obligations of insurance products it issues and is a member of American International Group, Inc. (AIG) This brochure is a brief description of benefits only and is subject to the terms, conditions, exclusions and limitations of Group Policy No. G-610,110, Form No. G-19000. Coverage may vary or may not be available in all states. 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.

CA#0D28750 AR#203387 MN#20265627 OK#T99873 TX#1091381

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			
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.		
4263	Bone Replacement graft – first site in quadrant	30	6250	Pontic - Resin with high noble metal	260
4270	Pedicle Soft Tissue Graft procedure	145	6251	Pontic - Resin with predominantly base metal	195
4271	Free Soft Tissue Graft procedure (including donor site surgery)	145	6252	Pontic - Resin with noble metal	195
4341	Periodontal Scaling and root planing –per quadrant	40	6545	Retainer - Cast metal for resin bonded fixed prosthesis	195
4910	Periodontal Maintenance procedures (following active therapy)	45	6720	Crown - Resin with high noble metal	220
VII. Prosthetics - Removable (12-month waiting period)			6721	Crown - Resin with predominantly base metal	215
5110	Complete Denture – maxillary	\$ 290	6722	Crown - Resin with noble metal	215
5120	Complete Denture – mandibular	290	6750	Crown - Porcelain fused to high noble metal	230
5211	Maxillary Partial Denture – resin base (including any conventional clasps, rests and teeth)	145	6751	Crown - Porcelain fused to predominantly base metal	215
5212	Mandibular Partial Denture – resin base (including any conventional clasps, rests and teeth)	145	6752	Crown - Porcelain fused to noble metal	215
5213	Maxillary Partial Denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	170	6780	Crown - 3/4 cast high noble metal	220
5214	Mandibular 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
5410	Adjust Complete Denture – maxillary	\$ 20	6791	Crown - Full cast predominantly base metal	225
5411	Adjust Complete Denture – mandibular	20	6792	Crown - Full cast noble metal	215
5421	Adjust Partial Denture – maxillary	20	6930	Recement Fixed partial denture	35
5422	Adjust Partial Denture – mandibular	20	IX. Oral Surgery (6-month waiting period)		
5510	Repair Broken Complete Denture base	30	7140	Single tooth	\$ 30
5520	Replace Missing or Broken Teeth - complete denture (each tooth)	30	7210	Surgical Removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	40
5610	Repair Resin Denture base	30	7220	Removal of impacted tooth - soft tissue	60
5620	Repair Cast Framework	40	7230	Removal of impacted tooth - partially bony	90
5630	Repair or Replace Broken Clasp	20	7240	Removal of impacted tooth - completely bony	110
5640	Replace Broken Teeth - per tooth	30	7241	Removal of impacted tooth - completely bony, with unusual surgical Complications	110
5650	Add Tooth to existing Partial Denture	55	7250	Surgical Removal of residual tooth roots (cutting procedure)	40
5660	Add Clasp to existing Partial Denture	55	7285	Biopsy of oral tissue - hard	35
5710	Rebase Complete Maxillary Denture	60	7286	Biopsy of oral tissue - soft	35
5711	Rebase Complete Mandibular Denture	60	7320	Alveoloplasty in conjunction with extractions - per quadrant	100
5720	Rebase Maxillary Partial Denture	60	7410	Excision of benign tumor - lesion diameter up to 1.25cm	85
5721	Rebase Mandibular Partial Denture	60	7411	Excision of benign tumor - lesion diameter greater than 1.25cm	85
5730	Reline Complete Maxillary Denture (chairside)	75	7440	Excision of malignant tumor - lesion diameter up to 1.25cm	85
5731	Reline Complete Mandibular Denture (chairside)	75	7441	Excision of malignant tumor - lesion diameter greater than 1.25cm	85
5740	Reline Maxillary Partial Denture (chairside)	75	7450	Removal of odontogenic cyst or tumor - lesion diameter up to 1.25cm	90
5741	Reline Mandibular Partial Denture (chairside)	75	7451	Removal of odontogenic cyst or tumor - lesion diameter greater than 1.25cm	90
5750	Reline Complete Maxillary Denture (laboratory)	100	7460	Removal of nonodontogenic cyst or tumor - lesion diameter up to 1.25cm	90
5751	Reline Complete Mandibular Denture (laboratory)	100	7461	Removal of nonodontogenic cyst or tumor - lesion diameter greater than 1.25cm	90
5760	Reline Maxillary Partial Denture (laboratory)	100	7465	Destruction of lesion(s) by physical or chemical method, by report	90
5761	Reline Mandibular Partial Denture (laboratory)	100	7471	Removal of exostosis - maxilla or mandible	130
5850	Tissue Conditioning, Maxillary	35	7510	Incision and Drainage of abscess - intraoral soft tissue	45
VIII. Fixed Bridge (12-month waiting period)			7960	Frenulectomy (frenectomy or frenotomy) - separate procedure	80
1510	Space Maintainer - fixed - unilateral	\$ 115	7970	Excision of pericoronal gingival	100
1515	Space Maintainer - fixed - bilateral	150	X. Adjunctive Services (12-month waiting period)		
6210	Pontic - Cast high noble metal	215	9220	General anesthesia - first 30 minutes	\$ 65
6211	Pontic - Cast predominantly base metal	240	9310	Consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment)	30
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			

Dental Care

800.808.4514

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.

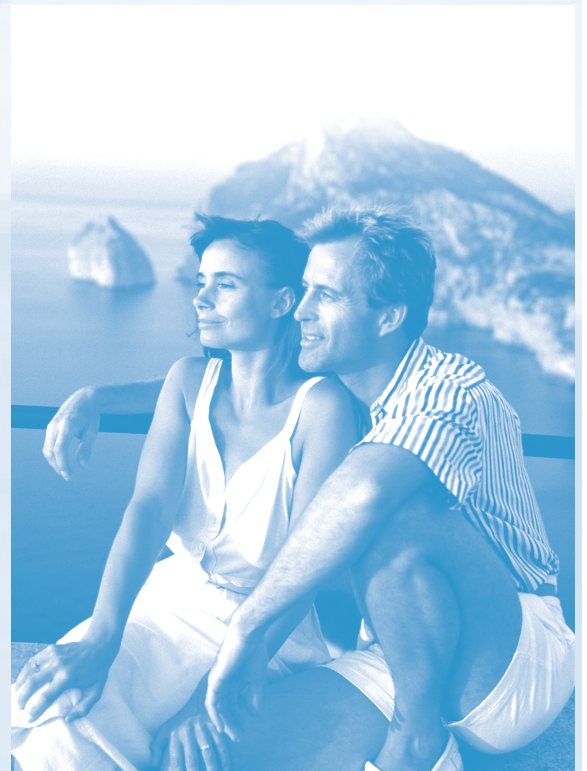
Please note that this enhancement does not impact any of the benefit provisions in your certificate of insurance. Your insurance benefits will continue to be paid according to your certificate of insurance. However, by using a SmileMax® provider for dental services, the total cost of services will be 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.

Policies are issued by The United States Life Insurance Company in the City of New York (all states). The United States Life Insurance Company in the City of New York is responsible for the financial obligations of insurance products it issues and is a member of American International Group, Inc. (AIG)

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/Domestic Partner First Name:		Spouse/Domestic Partner Last Name:	
Date of Birth: / / mo. day year	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		
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/Domestic Partner'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- CA

Group Policy No. V-610,110
AG-11208

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