Standard Insurance Company
900 SW Fifth Avenue Portland OR 97204-1235

Long Term Disability Insurance (180-Day BWP)
Residency Continuation Application

Shaded area for administrative purposes; do not fill in this section.

Reset

Group Name	Division	Billing Category	Date of Residency
AMA-Med Plus Advantage	**ISG**		

To Be Completed By Applicant *Check all boxes and complete all sections that apply.*

Your Name (Last, First, Middle)		Your Social Security Number	Birth Date		☐ Male ☐ Female
Your Address		City	State	ZIP	Phone Number
Current Medical School	Graduation Date	Resident Program			
Residency Start Date	Projected Residency Completion Date	Email Address			

Payment Method

Please submit a check for $240.45 made payable to: **Standard MPA Program**

Application for Resident Continuation can be sent to:

AMA Insurance Agency, Inc.
Attn: Finance Department
330 North Wabash Ave, Suite 39300
Chicago, IL 60611-5885

You can send your check in the mail to the address above.

Coverage Information may be found at amainsure.com/groupltd or contact the Med Plus Advantage program manager at 888-627-6618.

Change *Complete this section only when you wish to make a change after insurance becomes effective.*

☐ Name Change Former name _____

☐ Other _____

Signature I verify the above information is correct. I understand that by completing this form I am applying for Long Term Disability insurance and I am responsible for paying annual premiums. **I understand that my annual premium amount will change if my coverage or costs change.**

Member/Employee Signature Required _____ Date (Mo/Day/Yr) _____

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