The SIAA Group Insurance Program Administrator is:

MARSH

Marsh U.S. Consumer
12421 Meredith Drive
Urbandale, IA 50322
Toll-free 1-800-424-9893

The Group Term Life Insurance Plan, Group 10-Year Level
Term Life Insurance Plan, and the Group Accidental Death
and Dismemberment Insurance Plan are underwritten by:

NEW YORK LIFE INSURANCE COMPANY

New York Life Insurance Company
51 Madison Avenue
New York, NY 10010
On Policy Form SGR:

The Short-Term Recovery Plan is
underwritten by:
Hartford Life and Accident
Insurance Company
Simsbury, CT 06070

The Hartford® is the Hartford Financial Services Group,
Inc., and its subsidiaries, including issuing company
Hartford Life and Accident Insurance Company.

The Members Health Insurance Benefit is provided by:
www.MembersHealthInsurance.com

The Discount Prescription Plan is provided by:
CVS Caremark

Economical insurance protection for you and your family... available to you now through your association membership.
Plan ahead...
With SIAM Group Insurance Plans

As an eligible SIAM member, you can choose from high-quality, competitively priced insurance plans to help protect yourself and your family. Each quality plan has been designed for SIAM members like you. You can select the insurance protection that best meets your family's insurance needs at economical group rates.

Group Term Life Insurance Plan
Mortgage payments, education, health care and daily living expenses continue for your family even if something happens to you. Help protect their financial future with up to $1,000,000 of SIAM Group Term Life Insurance at competitive group rates. An accelerated death benefit is also available subject to the requirements and restrictions as stated in the Certificate of Insurance.

Group 10-Year Level Term Life Insurance Plan
With the Group 10-Year Level Term Life Plan, premiums and benefits remain level for the initial 10-year period—GUARANTEED! You may now be able to lock in the financial security provided by Group Term Life Insurance—without the worry of premiums that could go up or benefits that could go down. Build a plan to meet your needs from $10,000 up to $1,000,000 in coverage.

Group Short-Term Recovery Insurance Plan
Today, illnesses or injuries that used to require long hospital stays are now increasingly handled through shorter ones, paired with home health care. As a member of SIAM, your acceptance is guaranteed for the opportunity to secure the following cash coverage:
For Members Age 65 or Older—You can collect as much as $5,000 cash benefits each year for hospital stays and recovery at home. Cash benefits will be paid for a wide variety of qualifying home healthcare services.

Group Accidental Death and Dismemberment Insurance Plan
This plan pays up to $500,000 for injury or loss of life sustained in a covered accident. You and your qualified dependents can be covered 365 days a year, anywhere in the world. The plan includes repatriation, rehabilitation and education benefits.

Member Health Insurance Benefit
When you're looking for solid health insurance for your family, costs and benefits can vary widely—and it's hard to know whom to trust for the best coverage at the best possible rate. The Member Health Insurance Mart gives you different plans to compare, all from solid insurance companies rated "Excellent" by the A.M. Best Company. Among the plans available are Health Savings Accounts (HSAs) that can help you save for qualified medical and retiree health expenses on a tax-free basis. Also available is the Preferred Provider Organization (PPO) option in which you'll receive a list of highly qualified medical providers and facilities from which to choose. To compare plans and obtain a free, no-obligation quote, visit www.MembersHealthInsurance.com or call 1-877-886-0110.

Long-Term Care
You can help protect your family against the increasing cost of long-term care with customized protection through SIAM's Long-Term Care Resources Network. Use this FREE, no-obligation service to evaluate your needs, custom-design a long-term care insurance plan to help pay for nursing home care, home health care and adult day care and receive personalized quotes. To obtain more information, call 1-800-424-9883.

Discount Prescription Plan
You can save an average of 20 percent on prescription drugs not covered by insurance and as much as 50 percent on select generic medication when ordering by mail. You can use your prescription discount card at 9 out of 10 pharmacies nationwide. Present your card at a participating pharmacy and pay either the discounted rate or the pharmacy's regular retail price, whichever is lower. To obtain more information about this plan, visit www.insurancetrustsite.com/SIAM and then click on Benefits.

To speak with a customer service representative, please call
1-800-424-9883

or visit us at www.insurancetrustsite.com/SIAM

1This policy is guaranteed acceptance, but it does contain a preexisting condition limitation. Please refer to the requested information for more on exclusions and limitations, such as preexisting conditions.

2Plan includes features, costs, eligibility, renewableity, limitations, exclusions, reduction of benefits and terms of coverage. See requested information for details.

3Coverage may not be available in all states.

Plans may vary and may not be available in all states.
AR Pins Lic. #245544 • CA Ins. Lic. #0633085
c/o AIA in CA Seabury & Smith Insurance Program Management

YES, please send me FREE, no-obligation information about the SIAM Group Insurance Plan(s) I've checked below, including features, costs, eligibility, renewableity, limitations and exclusions.

☐ Group Term Life Insurance Plan
☐ Group 10-Year Level Term Life Insurance Plan
☐ Group Short-Term Recovery Insurance Plan
☐ Group Accidental Death and Dismemberment Insurance Plan
☐ Members Health Insurance Benefit

(Please print in ink)

Mr.  Mrs.  Ms.
Name ___________________________  ___________________________
FIRST  MI  LAST
Date of Birth ___________________________  MONTH/DAY/YEAR
Membership: ___________________________
Address ___________________________
City ___________________________
State ___________________________  ZIP ______
Home Telephone (______) ___________________________
Work Telephone (______) ___________________________
Email ___________________________

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