Reset

Standard Insurance Company
920 SW Sixth Avenue Portland OR 97204-1235

Long Term Disability Insurance
Residency Continuation Application

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

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

Please submit a check for $300.10 made payable to: **Standard MPA Program**

Application for Resident Continuation can be sent to:

Professional Benefit Consultants Inc.
7525 SE 24th St., Suite 350
Mercer Island, WA 98040

Coverage Information may be found at www.medplusadvantage.com 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) _____

Print