

Take Advantage of Your Association's Group Health Program

Dear Business Owner:

The *Mid-America Equipment Retailers Association* invites you to examine the group health program, underwritten by Federated Insurance Companies.

Check these advantages:

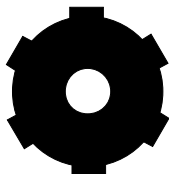
- ✓ High Deductible Plans Available
- ✓ PPO Networks (go where you want to go)
- ✓ National Travel Network
- ✓ Encompass — Utilization Review
- ✓ Preventive care available
- ✓ Rating based upon a large group
- ✓ Dental plans available
- ✓ \$3,000,000 lifetime limit
- ✓ Common Accident Deductible
- ✓ Catastrophic Transplant Coverage
- ✓ Deductible carry-forward (for new firms)
- ✓ PCS drug card
- ✓ Defined Reimbursement available

Federated is your association-recommended carrier for group health products. WHY? Because Federated has many years' experience working with trade associations. Working together helps low administrative costs. Additionally, buying health insurance within an association-based group helps to stabilize rates.

The *Mid-America Equipment Retailers Association* also recommends Federated for property and casualty insurance, and for financial proection servcies.

For a no-obligation quote on your firm's group health insurance, complete both sides of this sheet and FAX or mail to the association office today. If you have additional questions, feel free to give us a call at 800.243.5259.

Kim Rominger
Executive Vice President



*Mid-America
Equipment
Retailers
Association*

Yes! I want to check the advantages of the association group health plan!

Firm: _____

Name: _____

Address: _____

City/State/Zip: _____

Phone: () _____

Fax: () _____

Full-Time Employees: _____

Part-Time Employees: _____

Total Employees: _____

Contribution Amount:

-% or \$ of Employee Cost _____

-% or \$ of Dependent Cost _____

Deductible Option:

\$300 \$500 \$750 \$1,000

\$2,000 \$2,500 \$5,000

Life Insurance Level:

\$15,000 \$20,000 \$50,000

Dental Coverage? Yes No

Short-Term Disability (26 weeks):

\$100 \$150 \$200 \$300

FEDERATED
INSURANCE®

Firm Name	
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Name	Gender	Current Age or Birth Date	Spouse Coverage	Children Coverage	Life Only
1.	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No	____ # of Children <input type="checkbox"/> No Coverage	<input type="checkbox"/>
2.	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No	____ # of Children <input type="checkbox"/> No Coverage	<input type="checkbox"/>
3.	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No	____ # of Children <input type="checkbox"/> No Coverage	<input type="checkbox"/>
4.	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No	____ # of Children <input type="checkbox"/> No Coverage	<input type="checkbox"/>
5.	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No	____ # of Children <input type="checkbox"/> No Coverage	<input type="checkbox"/>
6.	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No	____ # of Children <input type="checkbox"/> No Coverage	<input type="checkbox"/>
7.	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No	____ # of Children <input type="checkbox"/> No Coverage	<input type="checkbox"/>
8.	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No	____ # of Children <input type="checkbox"/> No Coverage	<input type="checkbox"/>
9.	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No	____ # of Children <input type="checkbox"/> No Coverage	<input type="checkbox"/>
10.	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No	____ # of Children <input type="checkbox"/> No Coverage	<input type="checkbox"/>
11.	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No	____ # of Children <input type="checkbox"/> No Coverage	<input type="checkbox"/>
12.	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No	____ # of Children <input type="checkbox"/> No Coverage	<input type="checkbox"/>
13.	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No	____ # of Children <input type="checkbox"/> No Coverage	<input type="checkbox"/>
14.	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No	____ # of Children <input type="checkbox"/> No Coverage	<input type="checkbox"/>

** Current age information is vital for an accurate quote. Please try to assure current age information.