



APPLICATION

for **FIRST DIAGNOSIS** Cancer Insurance Plan

Underwritten by Monumental Life Insurance Company
Cedar Rapids, Iowa

Name: _____

Address: _____

City/State/Zip: _____

CA1000GPM

PLEASE COMPLETE THE FOLLOWING INFORMATION:

Yes! I want the First Diagnosis Cancer Insurance Plan with a benefit of \$10,000.00 if I am diagnosed with cancer. Please activate my coverage as soon as possible.

Date of Birth / /

Male Female

Are you or any dependents eligible for Medicare? Yes No

Telephone ()

Yes! I want to protect my family, too!

Spouse's Full Name

Date of Birth / /

I elect to be billed (if you do not select one of these options, we will bill you quarterly):

- Quarterly
- Semi-Annually
- Annually

Amount Enclosed \$ _____

Make Check Payable to: Monumental Life Insurance Company

NOTE: Please be sure to sign on back.

FIRST DIAGNOSIS CANCER PLAN MONTHLY COST:

Please check the coverage you want:

Choose One	Member Only	Member and Spouse
First Diagnosis Plan	<input type="checkbox"/> \$ 13.16/month	<input type="checkbox"/> \$ 21.04/month

PLEASE READ AND SIGN BELOW:

I hereby represent that to the best of my knowledge and belief, no person to be insured under this policy has received treatment* or been medically advised of Cancer (excluding Skin Cancer) Leukemia or Hodgkin's Disease, within the last 5 years (7 years in MD, 12 months in Texas).

*Treatment means medical and surgical care by a licensed provider to detect or cure Cancer. This includes examination, diagnostic procedures, surgery (including pre- and post-operative care), prescribed medication, and the application of remedies and therapy. It does not include any diagnostic procedures or examinations performed to monitor a previous removal or remedy of Cancer, provided there is no positive diagnosis of Cancer or of a recurrence of Cancer.

(Over, please)

It is understood that no benefits will be payable for expenses incurred during the first 12 months of coverage for any cancer diagnosed or treated within the first 30 days after the insured person's effective date of coverage (not applicable to the residents of AZ, MN, MO, OK, TX and WI).

Your coverage will be effective on the first day of the month following acceptance of your Application, provided your first premium is paid and you are not hospital confined on that date.

DC and RI Residents: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

FL Residents: Any person who knowingly and with intent to injure, defraud or deceive any insurer, files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

MD Residents: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. FRD1000A.MD

AR, CO, KY, NM, OH, OK, and TN Residents: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a crime and may be subject to fines or confinement in prison.

Are you or any dependents eligible for Medicare? Yes No

Applicant's Signature X _____

Date ____ / ____ / ____

Spouse's Signature (if applying) X _____

Date ____ / ____ / ____

Mail your completed Application Form and check or money order for initial payment in the enclosed postage-paid envelope or send to:

National Employee Benefit Companies, Inc. • P.O. Box 153085, Irving, Texas 75015-3085

IMPORTANT NOTICE TO PERSONS ON MEDICARE
This policy or certificate duplicates some Medicare Benefits
THIS IS NOT A MEDICARE SUPPLEMENT INSURANCE POLICY

This policy or certificate provides limited benefits, if you meet the policy conditions, for hospital and medical expenses only when you are treated for one of the specific diseases or health conditions listed in the policy or certificate. It does not pay your medicare deductibles or coinsurance and is not a substitute for a Medicare supplement insurance policy.

This policy or certificate duplicates Medicare benefits when it pays:

Hospital or medical expenses up to the maximum stated in the policy.

Medicare generally pays for most or all of these expenses.

Medicare pays extensive benefits for medically necessary services (regardless of the reason you need them).

These include:

- hospitalization
- physician services
- hospice
- other approved items and services.

Before You Buy This Policy:

Check the coverage in all health insurance policies you already have.

For more information about Medicare and Medicare supplement insurance, review the *Guide to Health Insurance for People with Medicare*, available from the insurance company.

For help in understanding your insurance, contact your state insurance department or state senior insurance counseling program.