



# 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/Domestic Partner'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/ Domestic Partner
First Diagnosis Plan	<input type="checkbox"/> \$ 13.16/month*	<input type="checkbox"/> \$ 21.04/month*

\*Not available to ages 65 and up.

### PLEASE READ AND SIGN BELOW:

Do you currently have comprehensive health insurance coverage (i.e., hospital or medical expense insurance, an HMO contract, or Major Medical expense insurance)?

Yes     No

If you answer "No" to this question, you are not eligible for this supplemental coverage.

I hereby represent that to the best of my knowledge, no person to be insured under this policy has been diagnosed with Cancer or received treatment\* for Cancer (excluding Skin Cancer), Leukemia, or Hodgkin's Disease within the last 6 months.

\*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)

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.

**California law prohibits an HIV test from being required or used by health insurance companies as a condition of obtaining health insurance coverage.**

Are you or any dependents eligible for Medicare?  Yes  No

Applicant's Signature X \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Spouse/Domestic Partner'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.