



APPLICATION

National Association For Uniformed Services
CANCER PROTECTOR INSURANCE PLAN

Underwritten by Monumental Life Insurance Company, Cedar Rapids, Iowa 52499

1 I have verified my name and address below:

Name	FIRST	MIDDLE	LAST
Address			
City	State	Zip Code	

2

Birth Date (mo/day/yr)	Age
Phone No. ()	

3

Sex (M/F)

4 Yes! I want the Cancer Protector Plan I've checked below:
SEMI-ANNUAL PREMIUMS

Attained Age	Member Only	Member & Family
Under Age 50	<input type="checkbox"/> \$19.30	<input type="checkbox"/> \$28.10
Age 50-64	<input type="checkbox"/> \$25.55	<input type="checkbox"/> \$37.25
Age 65 & Older	<input type="checkbox"/> \$31.25	<input type="checkbox"/> \$45.30

5 Fill in below if you wish to include your Spouse and/or dependent Children:

Person	Name	Sex	Date of Birth
Spouse			/ /
Child			/ /
Child			/ /
Child			/ /

6 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 10 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.*

Policy No. MZ0909646H0000A

No Age Limit for Member or Spouse.
Affordable Group Rates.
Easy Steps to Apply.
How to Apply

1. Complete the questions on this Application; then, sign and date where indicated.
2. Make your premium check payable to:
NAUS Insurance Plans
3. Mail your completed Application with your premium in the postage paid reply envelope provided or mail to:
NAUS Insurance Plans
P.O. Box 153085
Irving, TX 75015-3085

Any questions?
CALL TOLL-FREE
1-866-694-6287

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

PA Residents: Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any material false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

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

Date ____/____/____	X	_____
		Signature of Member
Date ____/____/____	X	_____
		Signature of Spouse, if to be insured

Administered by:
National Employee Benefit Companies, Inc.
Irving, Texas 75063

Underwritten by:
Monumental Life Insurance Company
Cedar Rapids, Iowa 52499

A Notice About Monumental's Privacy Policy

1. We do not sell your personal information to anyone.
2. We may collect nonpublic personal information about you from the following sources:
 - Information we receive from you on applications or other forms; and
 - Information about your transactions with us, or our affiliates
3. We do not disclose any nonpublic personal information about you to either our "affiliates" or non-affiliates, except as permitted or required by law.
4. We restrict access to your nonpublic personal information to employees who need to know that information to provide products or services to you. We maintain physical, electronic and procedural safeguards to protect your nonpublic personal information.