



# APPLICATION

The Retired Enlisted Association

## 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 PREMIUM

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

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

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

**6** 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.

**7** 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.*

Policy No. MZ0909646H0001A

**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:  
**TREA Insurance Plans**
3. Mail your completed Application with your premium in the postage paid reply envelope provided or mail to:

**TREA Insurance Plans**  
P.O. Box 153085  
Irving, TX 75015-3085

Any questions?

**CALL TOLL-FREE  
1-800-808-4514**

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

Date ____/____/____	X	_____
		Signature of Member
Date ____/____/____	X	_____
		Signature of Spouse/Domestic Partner, 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.