

**FRAUD:** 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 materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is (in Georgia, Oregon and Nebraska "may be") a crime and subjects (in Georgia, Oregon and Nebraska "may subject") such person to criminal and civil penalties.

Check if replacing or changing existing coverage in this company. Policy Number \_\_\_\_\_

**PERSONS PROPOSED FOR INSURANCE**

Last Name	First	Middle	Relationship	Birthdate	Sex	Height	Weight	Social Security No.
			Primary Insured	/ /				- -
			Spouse	/ /				
			Child	/ /				COMPLETE SHADED
			Child	/ /				AREAS IF AVAILABLE
			Child	/ /				
Address			City	State	Zip	Home Telephone ( )		
Secondary Addressee			City	State	Zip	Home Telephone ( )		
Employer			Date Employed	Hours Worked/Wk				
Occupation			Monthly Income \$	Group Number		Employee/Payroll Number		
Payor or Owner if other than Primary Insured			<input type="checkbox"/> Payor <input type="checkbox"/> Owner	Social Security No.		Relationship To Primary Insured		
Beneficiary						Age	Relationship	

**FOR THE PAST 30 DAYS:** Have all proposed Insureds been performing normal activities, and been actively at work full time at their regular occupation? \_\_\_Yes \_\_\_No. If "No", explain: \_\_\_\_\_

**USED TOBACCO** in the past 12 months? Primary Insured \_\_\_Yes \_\_\_No Spouse \_\_\_Yes \_\_\_No

**WILL THIS POLICY REPLACE OR CHANGE ANY:** Existing Life or Health Insurance in this or any other company? \_\_\_Yes \_\_\_No. If "Yes", complete replacement form where required.

**INSURANCE PLANS**

								Monthly Premium		
<b>DISABILITY Primary Insured Only</b>		Monthly Ben	Elim. Period	Ben. Period	Building Ben. Rider	50% Ben. Red. unless % selected here				
<input type="checkbox"/> HPDI2002	Occ. Class	Injury \$								
<input type="checkbox"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2	Sickness \$			<input type="checkbox"/>					
<b>RIDERS</b>	AD&D	Emerg. Acc.	Hosp. Inj.	Hosp. Indem.	Outpat. Sick.	Spec. Inj.	1st Hosp. Conf.			
Primary Ins.	\$	\$	\$	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	\$		
Spouse	\$	\$	\$	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	\$		
Children	\$	\$	\$	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	\$		
<b>HOSPITAL</b>		Base Policy	<b>RIDERS</b>	AD&D	Emerg. Acc.	Hosp. Inj.	ICU	Lump Sum	Outpat. Sick.	
<input type="checkbox"/> 0/0	180 Primary Ins.	\$		\$	\$	\$	\$	\$	\$	
<input type="checkbox"/> 0/0	365 Spouse	\$		\$	\$	\$	\$	\$	\$	
<input type="checkbox"/> 0/3	365 Children	\$		\$	\$	\$	\$	\$	\$	
<b>RIDERS</b>	Private Nurse	Surgical	Surgical+	Spec. Inj.	1st Hosp. Conf.					
Primary Ins.	\$	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	\$	\$	
Spouse	\$	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	\$	\$	
Children	\$	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	\$	\$	
<b>CANCER</b>		<b>RIDERS</b>	Surgical	Physician Att.	ICU	<input type="checkbox"/> Comp. Care	Disability Income \$500 (Primary Ins. Only)			
Base Policy	\$		\$	\$	\$	First Occurrence				
<input type="checkbox"/> Primary Ins.		Can. ICU	Chemo	Hospice	<input type="checkbox"/> \$500	<input type="checkbox"/> \$1000	<input type="checkbox"/> 6 Month Benefit			
<input type="checkbox"/> Family		\$	\$	\$			<input type="checkbox"/> 1 Yr Benefit		\$	
<b>LUMP SUM CANCER</b>		<input type="checkbox"/> Individual	<input type="checkbox"/> 1 Parent	<input type="checkbox"/> 2 Parent	Max. issue in GA is \$30,000					
		<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$20,000	<input type="checkbox"/> \$30,000	<input type="checkbox"/> \$40,000	<input type="checkbox"/> \$50,000				\$
<b>LIFE</b>	<input type="checkbox"/> LPRT2002	Amount \$	<input type="checkbox"/> Accidental Death Rider		<input type="checkbox"/> Waiver of Premium					
	<input type="checkbox"/>	Units Family Rider	Units Children's Rider		<input type="checkbox"/> Other					\$

