



# Member Application for:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip \_\_\_\_\_  
Member #: \_\_\_\_\_

## AFA Cancer Protection Insurance Plan

You and your spouse will be accepted as long as you have not been diagnosed with cancer in the last 5 years (except skin cancer).



**YES,**

I want to review the AFA Cancer Protection Insurance Plan in the privacy of my home. Please enroll me and mail my Certificate of Insurance. I have 30 days to look it over. If I decide to cancel the coverage, I will return my Certificate for a full refund of any paid premium.

### PLEASE COMPLETE THE FOLLOWING INFORMATION

**1. Select your coverage:**

(check one only)

- Member Only (\$9.95 per month)  
 Member and Family (\$15.95 per month)

**2. Complete your Member information:**

Date of Birth \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Sex:  Male  Female  
Daytime Phone: (\_\_\_\_) \_\_\_\_\_

*Review Your Coverage for  
30 Days at NO COST!*

**3. For Spouse coverage, complete the following information:**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Spouse's Name Date of Birth  Male  Female

**4. Please read, sign and date:**

I hereby represent that to the best of my knowledge and belief, no person to be insured under this policy has ever received treatment\* or been medically advised of Cancer, (excluding Skin Cancer), Leukemia or Hodgkin's Disease within the last 5 years (12 months in TX, 6 months in Maine).

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 residents of AZ, MO, NH, OK, TX, UT, WI, and WY).

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. I have read the notices on the back of this application.

Are you or your spouse (if applying for coverage) eligible for Medicare?  Yes  No

I understand that I must be a member of the Air Force Association to apply for this coverage.

Member's Signature \_\_\_\_\_ Date \_\_\_\_\_

Spouse's Signature (if applying) \_\_\_\_\_ Date \_\_\_\_\_

\*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.

**Questions? Call toll-free 1-800-749-6983** Monday-Friday 8:00 a.m. to 6:00 p.m. EST

Underwritten and administered by Monumental Life Insurance Company, Cedar Rapids, IA

**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.

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

**DC 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

**NH Residents:** 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 3 months preceding the insured person's effective date of coverage.

**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 materially 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.

**UT Residents:** It is understood that no person to be covered for cancer is also covered by any Title XIX program, designated as Medicaid or any similar name.

**AR, CO, KY, LA, 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.

Mail your completed Application Form to:

Monumental Life Insurance Company • P.O. Box 1341, Valley Forge, PA 19482

**Upon acceptance, we will rush you a certificate of insurance and information kit.**