



Member Application for:

Name: _____
Address: _____
City: _____
State: _____ Zip _____
Member #: _____

AFAVBA 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 AFAVBA 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 Spouse/Domestic Partner (\$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/Domestic Partner coverage, complete the following information:

_____/_____/_____
Spouse/Domestic Partner's Name Date of Birth

Male Female

4. Please read, sign and date:

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.

Are you or your Spouse/Domestic Partner (if applying for coverage) eligible for Medicare? Yes No

Member's Signature _____ Date _____

Spouse/Domestic Partner's Signature (if applying) _____ Date _____

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.

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.