

**COMPANION LIFE INSURANCE COMPANY
APPLICATION/ENROLLMENT FORM FOR INSURANCE**

APPLICANT INFORMATION

Requested Effective Date (First of the Month only) ___/___/___/___ / ___ New Enrollment ___ Change ___ Termination

Applicant's Name _____ Social Security Number _____
First / MI / Last

Home Address _____
Street City State Zip

Home Telephone (_____) _____ Work Telephone (_____) _____ Email Address _____

Sex: Male Female Martial Status: Single Married Divorced Date of Birth: mm/dd/yyyy _____

Plan Selected: PLAN IA PLAN IB / PLAN IIA PLAN IIB / PLAN IIIA PLAN IIIB

Monthly Premium: \$ _____ Paid by: ACH or Credit Card or Debit Card Type: Visa or MasterCard

DEPENDENT INFORMATION

Dependent Name First / MI / Last	Social Security Number	Date of Birth	Sex (M/F)	Relationship	Full-Time Student Yes/No Student Verification Letter Must Be Attached
				Spouse	
				Child	
				Child	
				Child	
				Child	

Please answer the following questions completely and accurately:

Is the Applicant, the Applicant's spouse or Applicant's dependents (whether applying for coverage or not) now pregnant and/or in the process of adopting a child? Yes No (A "YES" answer means coverage cannot be issued.)

Is any Applicant, also covered by a group major medical plan now or within the last 90 days, or covered by Medicare? Yes No (A "YES" answer means coverage will cost 5% more.)

APPLICANT'S STATEMENT AND AUTHORIZATION

I certify that all applicants listed above are not disabled* or have not been confined in a hospital more than once in the 12 months preceding enrollment and are not scheduled for surgery or a hospital confinement at the time of enrollment; reside in the U.S., and are not in full-time military service. *Disabled means: confined to a hospital, convalescent facility, other residential treatment facility, or at home under a doctor's order; or unable because of injury or sickness to engage in the usual activities of a person who is the same age and gender.

**DO NOT CANCEL OTHER COVERAGE UNTIL NOTIFIED IN WRITING BY THE INSURANCE COMPANY OF
ACCEPTANCE OF THIS APPLICATION**

I represent that all answers contained herein are true and complete. I understand and agree that the falsity of any answer or statement in this application which materially affects the risk or hazard assumed by the Insurance Company may bar the right to any recovery under any Certificate issued. I understand that no coverage will become effective under the Certificate until written approval is received from the Insurance Company. I understand that no benefits will be payable for expenses incurred as a result of a Pre-Existing Condition (as defined in the policy) until the end of a continuous period of 6 months commencing on or after the Covered Person's effective date of coverage under the Certificate. I have read any Fraud notice applicable to my state of residence on the reverse side of this application. I AUTHORIZE AMERICAN CONSUMERS SECURITY ASSOCIATION TO COLLECT ANY AND ALL PREMIUMS DUE UNDER THE POLICY.

Applicant Signature _____

Date _____

AGENT'S STATEMENT

I, the undersigned, represent that I am currently licensed as an accident & health agent in the resident state of the applicant. I represent that the information contained herein is correct to the best of my knowledge. I have advised the applicant that this coverage is not intended to replace major medical coverage and not to terminate any existing coverage until receiving notice that the certificate being applied for by this application is approved in writing. I understand that I have no right to bind this coverage, to alter the terms of the policy or certificate in any manner, or to adjust any claim for benefits under the policy or certificate.

Signature of Agent _____ Date

Address City/State/Zip Telephone #

Fax # E-Mail Address

FRAUD WARNING NOTICES: (If the Applicant lives in a state where one of the fraud warning notices apply, please review the notice that applies to your state.)

- Arkansas/Louisiana 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.

- Colorado It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a certificate holder or claimant for the purpose of defrauding or attempting to defraud the policy or certificate holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department regulatory agencies.

- DC It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

- Florida 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.

- Kentucky/Ohio I understand that any person who, with intent to defraud, or knowing that he or she is facilitating a fraud against an insurer, submits an application containing a false or deceptive statement is guilty of insurance fraud.

- Maine It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefit.

- New Jersey Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

- New Mexico/
Pennsylvania 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.

- Tennessee It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.