



**BROKERS NATIONAL LIFE ASSURANCE COMPANY**

Domiciled in the State of Arkansas

Administrative Office: 2100 West William Cannon, Suite L, Austin, Texas 78745

Phone: 512-383-0220

**Cancer Expense Application**

PLAN SELECTION				
<b>Amount of Coverage</b> <input type="checkbox"/> \$100 Daily Benefit <input type="checkbox"/> \$200 Daily Benefit	<b>Level of Coverage</b> <input type="checkbox"/> Applicant Only <input type="checkbox"/> Applicant & Child(ren) <input type="checkbox"/> Applicant & Family	<b>Monthly Premium</b> \$ _____	<b>Payment Frequency</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually	<b>Form of Billing</b> <input type="checkbox"/> Bank Draft <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Direct Bill <input type="checkbox"/> Credit Card Draft

	APPLICANT	SPOUSE (if applicable)
Applicant Name .....		
Social Security # .....	- -	- -
Birth Date, Sex .....	/ / M or F	/ / M or F
Home Address .....	STREET ADDRESS ( ) -	
	CITY	STATE ZIP CODE PHONE

DEPENDENTS (if applying for Dependent Coverage)					
Child Name	Birth Date	Sex	Child Name	Birth Date	Sex
1.			4.		
2.			5.		
3.			6.		

I hereby represent to the best of my knowledge, information and belief no person to be insured under the policy is now or has ever been diagnosed as a victim of cancer, carcinoma, sarcoma, Hodgkin's disease, leukemia, lymphoma or malignancy, except (*list person and condition*): \_\_\_\_\_

\_\_\_\_\_ who is to be excluded from such coverage of this cancer hospitalization plan.

Will this insurance replace any other insurance?  No  Yes Give Company Name and Policy Number \_\_\_\_\_

## REQUEST FOR CREDIT CARD PAYMENT

For Credit Card Payment, please complete the following: I authorize BNL to bill my VISA/MC account for the initial amount due and subsequent regular payments.

Visa                      List digits of Account # \_\_\_\_\_ Expiration Date \_\_\_\_\_  
 MasterCard              Signature \_\_\_\_\_ Date \_\_\_\_\_

## REQUEST FOR AUTOMATIC MONTHLY BANK DRAFT / EFT (Attach a void check)

If Bank Draft is chosen, your monthly BNL premium will be automatically withdrawn from your checking account. Please complete the Authorization Form below and attach a void check from the account to be drafted:

To (*Print full name of bank or branch where account is maintained.*) \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

I request that you pay and charge my account, debits drawn on my account by BNL to its own order. This authorization will stay in effect until I revoke it in writing. Until you receive such notice, I agree that you shall be fully protected in honoring any such debits. I also agree that you may at any time, end this agreement by giving 30 days advance written notice to me and to BNL. You are to treat such debit with or without cause, I will not hold you liable even if it results in loss of my insurance.

Signature of Premium Payer \_\_\_\_\_

It is understood and agreed that: 1. The application includes any other underwriting questionnaires required by the Company. 2. The statements in this application: a) Are to form the basis of any policy issued; and b) Are true and complete to the best of my knowledge and belief. 3. All agreements made by us must be signed by our president, vice president, secretary or assistant secretary; no agent can accept risks, modify policies or waive any rights or requirements of the Company. 4. The acceptance by the proposed insured of a policy issued on this application will constitute ratification of any changes made by the Company (Except in Kentucky, Minnesota & Texas). 5. No insurance will be in force: a) Until the policy has been delivered and accepted during the continued insurability, as stated in the application, of the insured(s); and b) Unless nothing has happened since the date of the application that would require a different answer to any question; and c) Until the full first premium is paid, at which time the policy will take effect on its date of issue.

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud. (Except in Colorado, Florida, Georgia, Kansas, Louisiana, Nebraska, Oregon, Pennsylvania, Tennessee & Texas) In 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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder 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 of regulatory agencies. In 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. In Georgia, Kansas, Nebraska & Texas, any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud. In Louisiana, any person who knowingly presents 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. In 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 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. In Tennessee, it is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines and denial of coverage.

Dated at (*city*) \_\_\_\_\_ (*state*) \_\_\_\_\_ Proposed Insured  \_\_\_\_\_

Does the agent have knowledge this insurance will replace any other insurance?     No     Yes

Witnessed by: Licensed Agent  \_\_\_\_\_ Date \_\_\_\_\_

Agent's Name \_\_\_\_\_ Agent's License ID Number \_\_\_\_\_