



**Monumental Life Insurance Company**

Underwritten by Monumental Life Insurance Company  
Cedar Rapids, IA 52499

**Applying Is Easy. Here's How:**

1. Complete and Sign This Form.
2. Make Premium Check Payable to:  
**SPE Insurance Program**
3. Mail Completed Form and Check to:  
SPE Insurance Program  
P.O. Box 189, Santa Barbara, CA 93102-0189

*Have a Question or Need Additional Information? Please Call 1-800-337-3140 or E-mail: [speinsurance@agia.com](mailto:speinsurance@agia.com).*

# In-Hospital Insurance Plan Enrollment Form

For Members of the Society of Petroleum Engineers

PLEASE PRINT IN INK OR TYPE ALL ANSWERS.

## 1 Member's Name and Address:

Member's Full Name: \_\_\_\_\_  
LAST FIRST MIDDLE INITIAL

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MONTH DAY YEAR

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE (OR PROVINCE) \_\_\_\_\_ Phone Numbers: ( \_\_\_\_\_ ) \_\_\_\_\_  
HOME

ZIP CODE \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_  
WORK

## 2 Membership Affiliation:

Are you now a member of the SPE?  Yes  No

What is your membership number, if available? \_\_\_\_\_

## 3 Insurance Plan Requested:

Please select the coverage you desire for yourself and your dependents under the plan below. If you do not want coverage under a particular plan, leave that area blank. Be sure to sign and date the last section of the enrollment form. (Refer to the brochure for eligibility, premium and coverage information.)

**IN-HOSPITAL INSURANCE PLAN** (790196H)

**I am Applying for Coverage for:**  Myself  Spouse  Children

The Daily In-Hospital Benefit Selected is:

For Myself \$ \_\_\_\_\_ per day. For Spouse \$ \_\_\_\_\_ per day. For Child(ren) \$ \_\_\_\_\_ per day.

**Enclosed is my premium payment of:** \$ \_\_\_\_\_ 2023/4

**I Wish to Pay Premiums:**  Quarterly  Semiannually  Annually

Please note: A \$2.00 administrative fee is added for billing modes other than annual.

MZ0100148/0000A MZ0100149/0000A

AD1100GEM (REV. 4/02)  
HI2000GEM

1-800-337-3140  
[speinsurance@agia.com](mailto:speinsurance@agia.com)  
[www.speinsurance.com](http://www.speinsurance.com)

*Please be sure to complete and sign reverse side.*

16474374

**4 Dependent Information:**

Please complete this section if you are requesting coverage for your dependents.

Spouse's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MONTH DAY YEAR

Child(ren): \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MONTH DAY YEAR

\_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MONTH DAY YEAR

\_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MONTH DAY YEAR

\_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MONTH DAY YEAR

I hereby enroll for Hospital Indemnity Insurance coverage as provided by Monumental Life Insurance Company. I understand that my insurance coverage will be effective on the date of enrollment form approval, provided my first premium is paid and I am not hospital confined on that date. (I also understand that conditions for which I have been medically treated or advised during the 12 month period immediately prior to the effective date of my insurance are not covered until 12 consecutive months have elapsed without treatment or I have been insured 24 consecutive months, whichever is less.)

**Member's Signature:**  X  \_\_\_\_\_ **Date** \_\_\_\_\_  
(PLEASE SIGN AND DATE IN INK.)

**Fraud Statements:**

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.

DC and RI 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.

NJ Residents: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

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.

AR, CO, KY, LA, ME, NM, OH, OK, TN, and WA 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.

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.

**IMPORTANT NOTICE TO PERSONS ON MEDICARE THIS INSURANCE 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 health insurance, contact your state insurance department or state senior insurance counseling program.