



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.

Cancer Insurance Plan Application

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

STREET ADDRESS _____

CITY _____

STATE (OR PROVINCE) _____ ZIP CODE _____

Phone Numbers: (_____) _____ (_____) _____
HOME WORK

	Date of Birth (mo./day/yr.)	Sex (M/F)
Member _____	____ / ____ / ____	_____
Spouse (if proposed for insurance) _____	____ / ____ / ____	_____
Child(ren) (if proposed for insurance) _____	____ / ____ / ____	_____
_____	____ / ____ / ____	_____

(If more than two children are proposed for insurance, please attach a separate sheet.)

2 Membership Affiliation:

Are you now a member of the SPE? Yes No

What is your membership number, if available? _____

3 Insurance Requested: (Refer to brochure for eligibility and coverage description.)

Check box for coverage desired PLAN 1 Member Member and Family
PLAN 2 Member Member and Family

I wish to pay premiums Annually Semiannually

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

Enclosed is my premium payment of: \$ _____

(19447)

I hereby represent that to the best of my knowledge and belief, no person to be insured under this policy has received treatment* or been medically advised of Cancer (excluding Skin Cancer) Leukemia or Hodgkin's Disease, within the last 5 years (7 years in MD, 12 months in Texas).

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 the residents of AZ, MN, MO, OK, TX and WI). Your coverage will be effective on the date of application approval, provided your first premium is paid and you are not hospital confined on that date. I have read the notice on the back of this application.

**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.*

Are you or any dependents eligible for Medicare? Yes No

Signature of Member **X** _____ Date _____
(PLEASE SIGN AND DATE IN INK.)

Signature of Spouse **X** _____ Date _____
(PLEASE SIGN AND DATE IN INK.)

By signing this application you acknowledge receipt of the "Minnesota Life and Health Insurance Guaranty Association Notice" below.

**IMPORTANT NOTICE TO PERSONS ON MEDICARE
THIS INSURANCE DUPLICATES SOME MEDICARE BENEFITS**

This is not Medicare Supplement Insurance

Some health care services paid for by Medicare may also trigger the payment of benefits under this policy. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare supplement insurance.

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

This policy must pay benefits without regard to other health benefit coverage to which you may be entitled under Medicare or other insurance.

BEFORE YOU BUY THIS INSURANCE

- ✓ 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.

**Monumental Life Insurance Company
Baltimore, MD 21201**

**NOTICE CONCERNING POLICYHOLDER RIGHTS IN AN
INSOLVENCY UNDER THE MINNESOTA LIFE AND HEALTH
INSURANCE GUARANTY ASSOCIATION LAW**

If the insurer that issued your life, annuity or health insurance policy becomes impaired or insolvent, you are entitled to compensation for your policy from the assets of that insurer. The amount you recover will depend on the financial condition of the insurer.

In addition, residents of Minnesota who purchase life insurance, annuities, or health insurance from insurance companies authorized to do business in Minnesota are protected, SUBJECT TO LIMITS AND EXCLUSIONS, in the event the insurer becomes financially impaired or insolvent. This protection is provided by the Minnesota Life and Health Insurance Guaranty Association.

Minnesota Life & Health Insurance Guaranty Association
4760 White Bear Parkway
Suite 101
White Bear Lake, MN 55110
(651) 407-3149

The maximum amount the guaranty association will pay for all policies issued on one life by the same insurer is limited to \$300,000. Subject to this \$300,000 limit, the guaranty association will pay up to \$300,000 in life insurance death benefits, \$100,000 in net cash surrender and net cash withdrawal values for life insurance, \$300,000 in health insurance benefits, including any net cash surrender and net cash withdrawal values, \$100,000 in annuity net cash surrender and net cash withdrawal values, \$300,000 in present value of annuity benefits for annuities which are part of a structured settlement or for annuities in regard to which periodic annuity benefits, for a period of not less than the annuitant's lifetime or for a period certain of not less than ten years, have begun to be paid on or before the date of impairment or insolvency, or if no coverage limit has been specified for a covered policy or benefit, the coverage limit shall be \$300,000 in present value.

Unallocated annuity contracts issued to retirement plans, other than defined benefit plans, established under section 401, 403 (b), or 457 of the Internal Revenue Code of 1986, as amended through December 31, 1992, are covered up to \$100,000 in net cash surrender and net cash withdrawal values, for Minnesota residents covered by the plan provided, however, that the association shall not be responsible for more than \$7,500,000 in claims from all Minnesota residents covered by the plan. If total claims exceed \$7,500,000, the \$7,500,000 shall be prorated among all claimants. These are the maximum claim amounts.

Coverage by the guaranty association is also subject to other substantial limitations and exclusions and requires continued residency in Minnesota. If your claim exceeds the Guaranty Association's limits, you may still recover a part or all of that amount from the proceeds of the liquidation of the insolvent insurer, if any exist. Funds to pay claims may not be immediately available. The Guaranty Association assesses insurers licensed to sell life and health insurance in Minnesota after the insolvency occurs. Claims are paid from this assessment.

THE COVERAGE PROVIDED BY THE GUARANTY ASSOCIATION IS NOT A SUBSTITUTE FOR USING CARE IN SELECTING INSURANCE COMPANIES THAT ARE WELL MANAGED AND FINANCIALLY STABLE. IN SELECTING AN INSURANCE COMPANY OR POLICY, YOU SHOULD NOT RELY ON COVERAGE BY THE GUARANTY ASSOCIATION.

THIS NOTICE IS REQUIRED BY MINNESOTA STATE LAW TO ADVISE POLICYHOLDERS OF LIFE, ANNUITY, OR HEALTH INSURANCE POLICIES OF THEIR RIGHTS IN THE EVENT THEIR INSURANCE CARRIER BECOMES FINANCIALLY INSOLVENT. THIS NOTICE IN NO WAY IMPLIES THAT THE COMPANY CURRENTLY HAS ANY TYPE OF FINANCIAL PROBLEMS. ALL LIFE, ANNUITY AND HEALTH INSURANCE POLICIES ARE REQUIRED TO PROVIDE THIS NOTICE.