



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 9159, Phoenix, AZ 85068-9159

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.*

Fraud Statements:

AR, CO, KY, LA, NM, OH, OK, and TN 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 in the third degree.

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.

MD Residents: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefits 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

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 a person to criminal and civil penalties.

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.)

**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

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.