

CANCER EXPENSE INSURANCE PLAN APPLICATION

FOR RESIDENTS OF KANSAS ONLY



PLEASE PRINT IN INK OR TYPE. DO NOT USE CORRECTION FLUID OR GEL PENS. INITIAL AND DATE ANY CHANGES.

1. Member's Name and Address:

(Please make any necessary corrections to your full name and address as shown below.)

Name: _____

Add 1: _____

Add 2: _____

City, St., Zip: _____

Social Security Number _____

Member's Date of Birth _____ / _____ / _____ Sex M F
Month Day Year

E-Mail Address _____

TO APPLY:

Send this completed form with your premium check payable to:

ADMINISTRATOR
IEEE GROUP INSURANCE PROGRAM

P.O. BOX 10374
Des Moines, IA 50306

QUESTIONS?

Call: 1-800-493-IEEE(4333)
E-mail: IEEE@marshpm.com



a Transamerican Company
520 Park Avenue, Baltimore, MD 21201-4500

Phone Numbers:

Home () _____

Work () _____

Fax () _____

If in addition to yourself, you are applying for family coverage, complete below as applicable

SPOUSE

(name if proposed for insurance)

DATE OF BIRTH

SEX

SS#

M F

CHILD

(name if proposed for insurance)

M F

If more than one child is proposed for insurance, attach a separate sheet.

2. Membership Affiliation:

Are you now a member of the Institute of Electrical & Electronics Engineers? Membership in the IEEE is required for participation in the plan. Affiliate members are not eligible.

Yes No Membership # _____

3. Are you or any dependents eligible for Medicare?: Yes No

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

Check boxes for coverage desired.

Semiannual Premiums

High Option Plan or **Standard Option Plan**
08169/08170 **02795/02796**

Member \$61.50 \$41.70

Member and Family \$115.00 \$78.00

CA187E KS

BE SURE TO COMPLETE ALL PAGES AND SIGN WHERE REQUIRED

02795/02796/01001/43481

To the best of your knowledge and belief, have you or your dependents (if applying for dependent coverage) ever received treatment or have been medically advised of Cancer (excluding Skin Cancer), Leukemia or Hodgkin's Disease during the last 5 years, 12 months in TX? Yes No

(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.)

If you answered "yes," please indicate the name(s) of the person(s) and their corresponding medical condition(s).

It is understood that any person listed above will not be eligible for coverage except any person listed with Skin Cancer. Any person listed with Skin Cancer will be eligible for coverage. Benefits, however, will not be payable for Skin Cancer during the first 12 months of coverage. 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 RESIDENTS OF AZ, MO, NH, TX, UT, WI & WY).**

Your coverage will be effective on the first day of the month following acceptance of your application, provided your first premium is paid and you are not hospital-confined on that date.

5. To the best of your knowledge and belief, have you or your dependents (if applying) received treatment or been medically advised of Cancer? Yes No

If you answered Yes to 5, please provide details:

6. Do you intend to replace any Cancer insurance you currently have with this insurance? Yes No

If you answered Yes to 6, please give name of Company and number of policy:

X

Signature of Applicant

Date

X

Signature of Spouse (If applying for coverage)

Date

CA1000GEM.KS (4/95)
CA187E KS

MZ080057700A



Cancer Expense Insurance Plan



For Institute of Electrical & Electronics Engineers, Inc. Members and Their Families

PROTECTING YOURSELF

According to the American Cancer Society, on average, one in two men and one in three women will get cancer sometime during their lives.* Fortunately, advances in cancer treatment are saving more lives than ever before. With these advances in care, however, come rising health care costs. There are hospital expenses, specialists' fees, prescription drugs, operations, day and night nursing care, therapists...and more.

Most medical plans exclude some of the costs for cancer treatment, and that's why you should consider the benefits of this Plan. It's specifically designed to supplement your existing health insurance. That means it pays you benefits in addition to any other coverage you have.

With this valuable protection you can collect benefits six different ways:

1. Up to \$1,500 for "first occurrence" cancer (not payable for skin cancer)
2. Up to \$150 a day for hospitalization (days 1 through 60)
3. Up to \$375 a day for hospitalization (days 61 and over)

4. Up to \$150 a day for outpatient treatment, including chemotherapy
5. Up to \$150 a day for intensive care (maximum 15 days)
6. Up to \$150 a day for hospice care

Who is eligible?

YOU (the member) and your SPOUSE are eligible for this insurance coverage if you have not been medically with, treated for, or advised of cancer (except skin cancer) within the 5 years prior to the effective date of your coverage.

YOUR DEPENDENT CHILDREN are also eligible for coverage if they are under age 19 (under age 25 if a full-time student; under age 26 in Utah) and have not been medically treated for, or advised of cancer (except skin cancer) within the 5 years prior to the effective date of your coverage.

Who selects the doctors and hospitals?

You will receive all the benefits for which you are eligible regardless of what physician you see or what hospital you use. There are no restrictions as long as they meet the Plan definitions.

*These statistics have been provided by the American Cancer Society, "Cancer Facts and Figures, 2005."

WHAT ARE THE BENEFITS?

BENEFIT	PAYMENT TO YOU	DESCRIPTION
First Diagnosis	Standard Plan \$1,000 High Option Plan \$1,500	Paid when cancer (except skin cancer) is first diagnosed... paid once per lifetime...coverage must be in force 30 days prior to diagnosis
Extended Hospital Confinement Days 1 through 60	Standard Plan. \$100 per day High Option Plan \$150 per day	Paid beginning the first day. Benefit in lieu of all other benefits.
Hospital Confinement Days 61+	Standard Plan \$250 per day High Option Plan \$375 per day	Paid beginning the 61 st day during any illness period
Intensive Care	Standard Plan \$100 per day High Option Plan \$150 per day	Paid for confinement in an Intensive Care Unit when confinement is caused by cancer...15 days maximum benefit period.
Outpatient Treatment	Standard Plan \$100 per day High Option Plan \$150 per day	Paid for outpatient treatment including chemotherapy
Hospice Care	Standard Plan \$100 per day High Option Plan \$150 per day	Paid when your life expectancy is 6 months or less... 180 days lifetime maximum

How are benefits paid?

All benefit checks will be sent directly to you — never to your doctor or hospital unless you specifically request it.

Are benefits paid in addition to any other coverage?

There are no coordination of benefits or co-payments with this Plan. This is a supplemental Plan that pays regardless of any other insurance you have with other companies.

How can the benefits be used?

Pay the mortgage...buy food...pay medical bills...the choice is yours. You can use your benefits any way you want.

When will coverage become effective?

Your coverage will become effective on the date shown on your Certificate of Insurance provided you have paid your first premium, and you (or any dependents to be insured) are not hospital-confined on that date.

What's the cost?

**ONE RATE FOR ALL AGES
SEMIANNUAL PREMIUMS**

	INDIVIDUAL PLAN (you only)	FAMILY PLAN (you, your spouse and your children)
Standard Option Plan	\$41.70	\$78.00
High Option Plan	\$61.50	\$115.00

What isn't covered?

This plan pays benefits only for treatment resulting from cancer, and recommended and approved by or performed by a physician.

Exclusions

Benefits will not be paid under the Policy and any attached Rider for any expenses that result from:

- 1) injury or sickness other than Cancer;
- 2) treatment or services performed outside of the United States.

Pre-existing Condition Limitation

A cancer for which treatment has been received before the covered person has been insured for 30 days from his effective date of coverage will be considered a pre-existing condition (except in AZ, MN, MO, TX, WI and WY). We will, however, make payments for this cancer if the covered person incurs expenses after his or her insurance has been in effect for 12 months.

This Cancer Expense Insurance Plan is Administered By:

MARSH

Affinity Group Services
a service of Seabury & Smith

P.O. Box 10374
Des Moines, IA 50306

QUESTIONS?

1-800-493-IEEE(4333)
IEEE@marshpm.com

This Cancer Expense Insurance Plan is Underwritten By:



A Transamerica Company
520 Park Avenue, Baltimore, MD 21201-4500

This brochure contains a brief description of the principal provisions and features of the Plan. The complete terms and conditions, including limitations and exclusions, are set forth in the Group Policy MZ080057700A.

CA1000GPM, CA1000GCM, CA1000GCM.FL, CA1000GCM.MN, CA1000GCM.MO, CA1000GCM.NH, CA1000GCM.TX, CA1000GCM.WI, CA1000GCM.WY

30-Day No Risk Money Back Guarantee

After you receive your Certificate of Insurance, you can take up to 30 days to review it. If you decide you don't want...or need...this valuable coverage, simply return your Certificate within 30 days of receipt. Your coverage will be void from its inception and any premiums you have paid will be refunded to you in full. You'll have no obligation whatsoever. It's guaranteed!

A Notice about Monumental's Privacy Policy

1. We do not sell your personal information to anyone.
2. We may collect nonpublic personal information about you from the following sources:
 - Information we receive from your on applications or other forms; and
 - Information about your transactions with us, or our affiliates
3. We do not disclose any nonpublic personal information about you to either our "affiliates: or non affiliates, except as permitted or required by law.
4. We restrict access to your nonpublic personal information to employees who need to know that information to provide products or services to you. We maintain physical, electronic and procedural safeguards to protect your nonpublic personal information.

CA187P
January 2007



Important Notice to Persons on Medicare

This insurance duplicates some Medicare Benefits

THIS IS NOT MEDICARE SUPPLEMENT INSURANCE

This insurance pays a fixed dollar amount, regardless of your expenses, for each day you meet the policy conditions. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

This insurance duplicates Medicare benefits when:

- any expenses or services covered by the policy are also covered by Medicare

Medicare generally pays for most of 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 of **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.

