

SPE Group CANCER INSURANCE PLAN APPLICATION

For members of the Society of Petroleum Engineers

APPLYING IS EASY:

- Complete this form with the information requested in the sections below. In section 3, you can select your desired form of payment (by auto deduction or credit card).
- Sign and date the form on the reverse, in section 4.
- Return your Application Form in the postage-paid envelope provided to SPE Group Insurance Program, P.O. Box 9159, Phoenix, AZ 85068-9159

If you have any questions or need additional information, please call **1-800-337-3140** or please visit **www.speinsurance.com**

Please return your completed application.

You will have a 30-day Free Look review period.

Insurance provided by Securian Life Insurance Company, 400 Robert Street N, Saint Paul, MN 55101-2098

1	Member: _____	Date of Birth: (mo/day/yr)	Sex: (M/F)
	Address: _____	_____ / _____ / _____	
	City/State/Zip _____		
	Spouse (if applying for coverage) _____	_____ / _____ / _____	
	Phone Numbers:		
	HOME: (_____) _____	WORK: (_____) _____	

- 2** Select your coverage:
Check one box:

MONTHLY PREMIUM RATES FOR MEMBER AND SPOUSE		
Member's Age	Member Only	Member & Spouse
Under 50	<input type="checkbox"/> \$5.16	<input type="checkbox"/> \$7.05
50 – 64	<input type="checkbox"/> \$7.38	<input type="checkbox"/> \$10.62
65 & Over*	<input type="checkbox"/> \$11.21	<input type="checkbox"/> \$16.72

A \$2.00 administrative fee is included in the rates above.

- 3** Billing method: (please select one): ☐ Credit Card ☐ Automatic Bank Draft
- If you selected Automatic Bank Draft, please enclose your check for your first premium payment. Make it payable to the SPE Group Insurance Program, P.O. Box 9159, Phoenix AZ 85068-9159.

I authorize payment through my: ☐ Visa® ☐ MasterCard®

Account Number: Exp. Date: -

- 4** Please read, sign and date:

I hereby represent that to the best of my knowledge and belief, no person to be insured under this policy has received treatment for* or been medically advised of Cancer (excluding Skin Cancer) within the last 5 years (2 years in VT; 1 year in NC & TX; 6 months in NV). Upon receipt of your Application and Premium, a Certificate of Insurance and billing invoice will be mailed to you. For your convenience you will be billed monthly. By submitting a check or credit card information, I understand that I'm authorizing the Administrator to initiate future monthly debit entries for my regular payments. I authorize future debits from the same bank account as provided in the initial check. I understand my payments will be processed on or after the due date and will continue to be debited from my account until the Plan Administrator has received and has had reasonable time to act on my request to cancel. I also understand if corrections of the debit are necessary, this may involve an adjustment to my account.

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I and, if indicated, my spouse hereby enroll for Cancer Care coverage as provided by Securian Life Insurance Company. I understand that my insurance coverage will become effective on the Effective Date stated in the Schedule, provided my first payment is paid and received by the Plan Administrator. I understand any cash benefit checks will be payable as outlined above subject to policy provisions. I acknowledge I have received, read, and understand the disclosures.

*(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.)

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

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

FRAUD STATEMENTS:

Fraud Warnings: AR, LA, RI, WV: 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. **CO:** 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. **DC:** WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny benefits if false information materially related to a claim was provided by the applicant. **KY:** Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information, or conceals, for the purpose of misleading, information concerning any fact thereto, commits a fraudulent insurance act, which is a crime. **ME:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits. **MD:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. **NJ:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties. **NM:** 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 civil fines and criminal penalties. **OH:** Any person who, with intent to defraud or knowing that he/she 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. **OK:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony. **PA:** 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. **TN:** 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. **VA:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.