

Personal Accident Insurance Application & Regulatory Forms



For use in the state of:

Michigan

Instructions for Agent:

The Application must be entered on-line via LifeSecure's website.

- Enter the Application information into the LifeSecure Agent Portal at www.YourLifeSecure.com
- Fax the signed paper Application to **1.866.582.7706**

The following forms must be left with your client:

- Notices to the Applicant
- Outline of Coverage

In addition, *Choosing a Medigap Policy: A Guide to Health Insurance for People with Medicare* should be provided to applicants who are eligible for Medicare by age. The guide can be downloaded from www.YourLifeSecure.com under "About Our Products".

Please refer to the "Hospital Recovery & Personal Accident Agent Handbook" for additional information regarding our application process.



LifeSecure Insurance Company
10559 Citation Drive, Suite 300
Brighton, MI 48116

Personal Accident Insurance Application

Application for: New Coverage Reinstatement

Section 1 | Primary Applicant Information |

Print clearly – Use black or blue ink.

Mr. Mrs. Ms. Dr. Group Number (if applicable): _____

Name (First) (MI) (Last) (Suffix)

Street Address (P.O. Box not allowed) Apt #

City State Zip Code

Date of Birth (mm/dd/yyyy) Social Security Number (or ITIN) Telephone

Gender: Male Female

How would you like to receive your policy: Paper copy via Mail Electronic via E-mail

E-mail Address (required for Electronic via E-mail policy delivery; cannot be the agent's e-mail address)

Section 2 | Coverage Selection |

Who is Applying for Coverage: Self-only Self plus Spouse/Domestic Partner*
 Self plus Children* Self plus Spouse/Domestic Partner & Children*

Annual Benefit Bank Amount: Enter a dollar amount between \$2,500 and \$15,000* (\$100 increments)
 \$ _____
 * If applying for coverage to include dependents, the Annual Benefit Bank is shared between the primary applicant and all dependents. The shared amount can be up to \$25,000.

Annual Deductible Amount: \$100 \$250 \$500

Dependent Information (Do not complete if you elected Self-only coverage above.)

Spouse/Domestic Partner's Name (First) _____ (MI) _____ (Last) _____ (Suffix) _____

Spouse/Domestic Partner's Date of Birth (mm/dd/yyyy) _____ Social Security Number (or ITIN) _____

Spouse/Domestic Partner's Gender: Male Female

	Children	Date of Birth	Gender	Relationship
1.	_____ Name (First, MI, Last)	_____ (mm/dd/yyyy)	<input type="checkbox"/> M <input type="checkbox"/> F	_____
2.	_____ Name (First, MI, Last)	_____ (mm/dd/yyyy)	<input type="checkbox"/> M <input type="checkbox"/> F	_____
3.	_____ Name (First, MI, Last)	_____ (mm/dd/yyyy)	<input type="checkbox"/> M <input type="checkbox"/> F	_____
4.	_____ Name (First, MI, Last)	_____ (mm/dd/yyyy)	<input type="checkbox"/> M <input type="checkbox"/> F	_____
5.	_____ Name (First, MI, Last)	_____ (mm/dd/yyyy)	<input type="checkbox"/> M <input type="checkbox"/> F	_____

Do all applicants named above, including the Primary Applicant, have comprehensive health insurance in force? Yes No

Section 3 | Premium Payment Authorization |

Complete this section to authorize your preferred premium payment method.

Premium Amount: Monthly \$ _____ Quarterly \$ _____
 Semi-Annually \$ _____ Annually \$ _____

Electronic Funds Transfer (EFT)

Select one payment mode: annually semi-annually quarterly monthly

How EFT Works: EFT is a debit service that offers a convenient way to pay your insurance premiums. LifeSecure Insurance Company (LifeSecure) will collect the insurance premiums from your bank account electronically. You do not need to write checks or mail in any payments. Premium withdrawals will appear on your bank statement, and your statements will be your receipts for payment of your premium.

EFT Agreement:

I authorize LifeSecure to electronically withdraw money from my account for the payment of premiums for this insurance policy. I authorize LifeSecure to continue to make these withdrawals if there is a renewal, or other change in the policy. I will compensate LifeSecure for any loss, claim, or liability caused by these withdrawals and will not hold LifeSecure responsible for any such loss, claim, or liability. This authorization will not affect the terms of the policy. Authorizing this automatic payment plan does not put the insurance policy into effect. This authorization may be retracted by me or LifeSecure at any time for any reason by giving written notice. LifeSecure may retract the authorization immediately, without giving me written notice, if any debt is not paid by the bank stated, for any reason.

Name of Bank: _____

Bank Address: _____
City State

Account Type: checking savings

Routing #: _____ Account #: _____

Preferred Draft Date: _____ (1st - 28th)

Accountholder Name (if different than insured) _____

X _____
Accountholder Signature Date

OR

Automatic Credit Card Payment

Select one payment mode: annually semi-annually quarterly monthly

Select Card Type: Visa MasterCard

Credit Card #: _____ Expiration Date: _____

Name as it appears on Card: _____

Preferred transaction date: _____ (1st - 28th)

X _____
Cardholder Signature Date

OR

Employer List Bill

If my employer is paying less than 100% of my premium, or if this coverage is being offered on a voluntary employee-pay-all basis, I authorize my employer to deduct my portion of the insurance premium from my payroll. I understand that if my employer stops paying my premium for any reason, I will be responsible for the premium in order to keep my policy in force.

Employee Number (if applicable): _____

Payroll Frequency: _____

Section 4 | Applicant Acknowledgements and Signatures |

Your signature, whether electronic or handwritten, represents your acknowledgement, acceptance and authorization of each statement. Please consider each statement carefully before providing your signature authorization.

Acknowledgements

I represent that all information supplied on this Application is true and complete to the best of my knowledge.

I understand that LifeSecure will have no liability until a policy is issued to me and the first full premium for the issued policy has been paid. I understand that the policy will not take effect until my application is approved by LifeSecure and that my authorized representative or I may request a copy of this authorization. I also understand that I may cancel this authorization at any time by contacting LifeSecure at 10559 Citation Drive, Suite 300, Brighton, MI 48116.

**The Policy is an Accident Only Policy and provides limited benefits.
Review Your Policy carefully!**

X _____
Primary Applicant's Signature Date _____

Primary Applicant's Printed Name

I represent that I have signed the application in: _____
City State



| Notices to the Applicant |

Fraud Warning

For All States Not Listed Separately Below: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

To residents of **Arkansas, Louisiana, Maryland, Rhode Island & West Virginia:** 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.

To residents of **Colorado:** 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.

To residents of **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 INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.**

To residents of **Kentucky:** Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance 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.

To residents of **New Mexico:** Any person who knowingly presents a false or fraudulent claim for payment of a loss of 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.

To residents of **Oklahoma:** **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.

To residents of **Pennsylvania:** 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.

To residents of **Tennessee, Virginia & Washington:** 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.