

CRITICAL ILLNESS INSURANCE

Employee Spouse Child(ren)

Has any Proposed Insured used any form of tobacco in the last 12 months?.....	Employee		Spouse	
	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Base Plan Vascular Cancer Other Critical Illnesses

Base Benefit **Benefit Amount** \$, **Total Modal Premium** \$.

Optional Benefits Health Screening

	Employee		Spouse		Child 1		Child 2		Child 3	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1. Are you Actively at work?.....	<input type="radio"/>	<input type="radio"/>								
2. Will this coverage replace a critical illness policy or certificate of insurance paid for, by, or through your employer?.....	<input type="radio"/>	<input type="radio"/>								

Evidence of Insurability: Complete Only if Proposed Insured is a Late Enrollee

3. Has the Proposed Insured been performing their normal duties at work, home, or school on a full-time basis and not having missed more than 5 consecutive days in the last 12 months due to illness or injury, except for normal pregnancy?.....	<input type="radio"/>	<input type="radio"/>								
4. Has any Proposed Insured tested positive for exposure to the HIV infection or been diagnosed as having AIDS Related Complex (ARC) or Acquired Immune Deficiency Syndrome (AIDS) caused by the HIV infection or other sickness or condition derived from such infection?.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. In the 6 months prior to the application date, has any Proposed Insured been hospitalized as an inpatient or outpatient, or missed more than 5 consecutive days of work due to an illness or injury, except for normal pregnancy?.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Within the past 5 years, has any Proposed Insured been diagnosed with or treated for:										
A) Vascular: Heart disease, including angina; heart attack; congestive heart failure; heart bypass; cerebrovascular disease, including Transient Ischemic Attack (TIA); stroke (blockages or hemorrhage); diabetes; or blood pressure readings above the normal range which have not been controlled with medication?.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B) Cancer: Cancer, including melanoma; leukemia; malignant tumors; or skin cancers?.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C) Other: Drug abuse or alcohol abuse; disease of the liver, kidney or digestive system; disease or disorder of the lung; diabetes; diseases of the nervous system, including Parkinson's, MS and cerebral palsy; or any disease or disorder which has led or may lead to a permanent or progressive loss of vision, hearing, or speech?.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. To the best of your knowledge and belief, have any 2 of your natural parents or natural siblings (sisters or brothers) been diagnosed with the same disease before age 60 based on the following list:										
A) Vascular: Heart attack, heart disease or stroke?.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B) Cancer: Cancer?.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C) Other: Kidney disease or diabetes?.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Payroll Deduction Authorization



Name of employee: _____

SS#/ID#: _____

Name of employer: _____

Policy Number (s): _____

Group Number: _____

Effective: _____

the amount of deduction for this policy(ies) is \$ _____ per pay period Monthly Bi-Weekly Weekly

I authorize the above deduction to be made from my wages and the total amount deducted for premium be remitted to Kanawha Insurance Company. In the event of a change in pay period, my employer is authorized to adjust the deduction so a comparable amount will be deducted. My employer is authorized to double the amount in order to collect past due premiums. My employer is authorized to adjust deductions as listed in "Home Office Amendments" based on my request(s) to Kanawha Insurance Company and/or the terms of my policy.

It is understood that this deduction and remittance shall cease (1) upon termination of my employment, or (2) upon my written notice to my employer of the cancellation of this request, or (3) upon termination of the salary deduction agreement between Kanawha Insurance Company and my employer.

Home Office Amendments: change the deduction for this policy(ies) to \$ _____ Initial: _____ per pay period as shown above.

Date: _____

Employee signature: _____

Date: _____

Special Notice

It is understood and agreed to by me that, acceptance by Kanawha of this Payroll Deduction Authorization at the time insurance is applied for is deemed the equivalent of the payment by me of the first premium and the Date of Issue of such insurance is subject to the terms of the Conditional Receipt attached to the application. (a copy of which I have received) provided I am actively at work on the date of this Authorization and have wages accrued at the end of the pay period immediately following its date. Otherwise, it is my understanding that the date the insurance shall be considered in force shall be the date the first premium is received, following the actual receipt of the policy herein applied for.

It is my further understanding and agreement that the premiums paid as a result of this Authorization shall be deemed received as of 12:01 am on the day the premium payment interval selected, corresponds with the date of policy, regardless of when actually deducted from my pay or when actually received by Kanawha.