Application for Life Insurance

Slovak Catholic Sokol

A Fraternal Benefit Society Office Use Only: Assembly/Wreath ___ PART I - PROPOSED INSURED Is the Proposed Insured a member of Slovak Catholic Sokol? ☐ Yes ☐ No. If not, applying for membership. The undersigned hereby requests the Slovak Catholic Sokol to admit the herein named as a member. Full Name Phone # () -
 Address______
 City______
 State_____ Zip Code ______
 Date of Birth _____ Social Security #:____ - ___ - ___ Occupation _____ Optional Secondary Addressee: Name (Notification of Past Due Premium) Address_____ _____Date of Birth _____ Full Name of Individual/Entity Address Social Security/Tax ID#: _____ State____ Zip Code _____ Phone # (____) ___-Insurance Coverage Face Amount \$ Base Coverage: ☐ Single Premium Life ☐ 3 Payment Life ☐ 10 Payment Life ☐ 20 Payment Life 5 Year Term Juvenile Term to Age 25 Other ☐ Whole Life Face Amount \$__ Riders/Benefits: ☐ Accidental Death Benefit ☐ Waiver of Premium Payor Waiver of Premium, Age of Payor Term Rider Premium Mode Frequency: Annual Semi-Annual Quarterly Monthly (EFT Authorization) Single Automatic Premium Loan Option: Yes No Reduce Premium Accumulate at Interest Cash Dividend Election: Paid-Up Additions Will the insurance applied for replace or change any existing insurance or annuity contracts?

Yes
No. If yes, show the name of Company and Policy Number(s), add an additional sheet of paper, if necessary: Beneficiary (To name additional Primary and Contingent Beneficiaries, sign, date and list names on separate sheet of paper) Social Security # Relationship Primary: Full Name Share Social Security # Relationship Contingent: Full Name Share Height: ____ ft ___ in. Weight ____ lbs. PART II - INSURABILITY A. In the past 2 years, has the Proposed Insured: 1. Used tobacco in any form?

- 2. Flown as the pilot or crew member of any form of aircraft, or intend to do so?

3. Had any license to drive suspended or revoked? Details any Yes answer:

(Add an additional sheet of paper, if necessary)

В.	In the past 5 years, has the Proposed Insured: received diagnosis or treatment from a physician; or, been confined in medical care facility, for: (Circle any applicable condition.)			
	 cancer, tumor or malignancy; diabetes; heart or circulatory durinary disease or disorder; lung or respiratory disease or disorder; use of alcohol or non-prescription drugs; any disease or rectum? 	order; epilepsy or me	ental or nervous disease or disorder	
C.	2 any deformity, disease or disorder not listed above or any surgical operation scheduled or contemplated? No. Yes Has Proposed Insured ever been diagnosed or treated for Acquired Immune Deficiency Syndrome (AIDS) or AIDS-Related-Complex (ARC)? No. Yes.			
	D. Has the Proposed Insured gained or lost weight in the Past Year? E. Details, any Yes answer a or b above. Show: condition; dates: a care facilities.			
-	(If additional space is needed, use a separate sheet, dated and si	gned.)		
Ne	Fraud Warning New Jersey - Any person who includes any false or misleading inform to criminal and civil penalties.	nation on an applicati	on for any insurance policy is subject	
	Ohio - Any person, who, with intent to defraud or knowing that he is fafiles a claim containing a false or deceptive statement is guilty of insur		inst an insurer, submits application, or	
pe pu	Pennsylvania and Massachusetts - Any person who knowing and person files an application for insurance or statement of claim contapurpose of misleading, information concerning any fact material therefore subjects such person to criminal and civil penalties.	aining any materially	false information or conceals for the	
l d kn	Insured/Applicant Statement I declare that the statement and answers given in Part I and Part II a knowledge and belief. I understand that coverage will not be ef contract has been delivered.			
Ins his to dis	I authorize the Slovak Catholic Sokol, its agents employees, reinsurer Insured to evaluate this application and to verify information in this applicatory, condition and care; (c) physical and mental health; (d) occup to information on the use of tobacco; the diagnosis or treatment of diseases; and the diagnosis and treatment of mental illness. During required to determine eligibility for benefits under any policy issued as	plication. This inform ation; and (e) other the AIDS virus (ex the time this authoriz	nation will include: (a) age; (b) medica insurance. This authorization extends cluding HIV) and sexually transmitted zation is valid it extends to information	
inc ab she reg Th Ske ins	I authorize any person, including any physician, health care profess including the Veterans and Social Secretary Administrations, emploabout the Proposed Insured to the Slovak Catholic Sokol or its repressional include medical history, physical and laboratory findings (spectregarding the Proposed Insured's health. This authorization specification information will be used to determine whether or not the Proposional Catholic Sokol or its representatives may release this informations insurance company to whom the Insured has applied or to whom a except as allowed by law or as I further authorize.	oyer, or other insura- sentatives on receipt sial tests, X-rays, elec- cally excludes psyclosed Insured is an a tion about the Propos	nce company, to release information of this authorization. This information ctrocardiograms, etc.) and conclusions notherapy notes and HIV test results cceptable risk for life insurance. The sed Insured to reinsurers or to anothe	
	This Authorization is valid for 24 months from the date it is signed. A be provided on request. I may revoke this authorization at any time by			
Się	Signed at this	_ day of	, 200	
Pro	Proposed Insured (Age 18 or older) Owner, if other than Prop	osed Insured	Adult and/or Member Applicant	
	Agent's Statement: To the best of your knowledge and belief, will insurance or annuity? ☐ No. ☐ Yes. If Yes, any replacement respectively.			
Wit	Witness (Licensed Agent and Number where required) Date			

Form No. LA-10 205 Madison Street - Passaic, NJ 07055 - Phone (800) 886-7656 - 2 -