

Shenandoah Life Insurance Company®

Administrative Office: P.O. Box 14758, Clearwater, FL 33766

• Toll Free Phone Number: 1-844-801-6238

Enrollment Form for Critical Illness Insurance and Optional Riders

Requested Effective Date:

ENROLLMENT FORM
SUBJECT TO UNDERWRITING

Employer/Group		Group Number		Billing Mode <input type="checkbox"/> M <input type="checkbox"/> SM <input type="checkbox"/> BW <input type="checkbox"/> W <input type="checkbox"/> Other	
Proposed Named Insured (First, MI, Last)			S. S. Number		Member Number
<input type="checkbox"/> Male <input type="checkbox"/> Female	Age	Birth Date		Home Phone Number	
Home Address			City	State	Zip
Job Title/Occupation				State of Birth	Date Hired
<input type="checkbox"/> Payor or <input type="checkbox"/> Owner (if other than Proposed Named Insured) & Address			S.S. Number or Tax ID Number		Birth Date

Is the proposed Named Insured actively at work at least 16 hours per week performing the regular duties of the job in the usual manner and at the usual place of employment?	Yes	No	Email Address:
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NAMED INSURED'S SPOUSE AND/OR DEPENDENT CHILDREN PROPOSED FOR COVERAGE

	Full Name	Sex	Birth Date
Spouse		<input type="checkbox"/> M <input type="checkbox"/> F	
Children		<input type="checkbox"/> M <input type="checkbox"/> F	
		<input type="checkbox"/> M <input type="checkbox"/> F	
		<input type="checkbox"/> M <input type="checkbox"/> F	
		<input type="checkbox"/> M <input type="checkbox"/> F	
		<input type="checkbox"/> M <input type="checkbox"/> F	
		<input type="checkbox"/> M <input type="checkbox"/> F	
		<input type="checkbox"/> M <input type="checkbox"/> F	

INSURANCE APPLIED FOR

Critical Illness Insurance	Base Cert	AHSB	ABRCI	SB	ICUB	Modal Premium
<input type="checkbox"/> Named Insured	\$	\$	<input type="checkbox"/> Yes	Units	\$	\$
<input type="checkbox"/> Named Insured + Spouse						
<input type="checkbox"/> One Parent						
<input type="checkbox"/> Two-Parent						
Section 125 <input type="checkbox"/> Yes <input type="checkbox"/> No						TOTAL MODAL PREMIUM \$

MEDICAL QUESTIONNAIRE

1.	Within the past five years, has any person proposed for coverage been diagnosed as having, been treated for, or had care for which diagnostic test(s) have been recommended for: Alzheimer's Disease, coronary artery bypass graft, cancer, cancer in situ, heart attack, kidney failure, major organ transplant, stroke, paralysis, coma, motor neuron disease/ALS, or severe burns? If "yes", list name of person(s) _____ who is/are to be excluded from coverage.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Has any person proposed for coverage been diagnosed or treated by a medical professional for acquired immune deficiency syndrome (AIDS) or AIDS-related complex (ARC); or had a positive test for human immunodeficiency virus (HIV) antibodies? If YES, please provide name(s) of person(s). _____ who is/are to be excluded from coverage.	<input type="checkbox"/> Yes <input type="checkbox"/> No

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MEDICAL QUESTIONNAIRE

If Optional Hospital Intensive Care Unit Benefits Rider is Applied for, Answer this Question.		
3.	Has any person proposed for coverage ever been diagnosed or treated for a heart attack, heart condition, heart trouble, angina or any abnormality of the heart or circulatory system prior to this date? If "yes", name of person _____ who is to be excluded from coverage under any Hospital Intensive Care Unit Benefits Rider resulting from any disorder of the heart, such person shall be limited to three days in connection with any other intensive care confinement.	<input type="checkbox"/> Yes <input type="checkbox"/> No

NON-MEDICAL QUESTIONNAIRE

1.	Is any person proposed for coverage eligible for Medicare? If "yes" review the Guide to Health Insurance for People with Medicare which is available from the company.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Replacement. Is the insurance applied for to replace or change any existing insurance? If "Yes" list coverage and name of company. _____ and complete any required replacement form(s) provided by your agent and return with this enrollment form.	<input type="checkbox"/> Yes <input type="checkbox"/> No

AGREEMENT: I have read or had read to me the completed enrollment form, and my statements and answers are true and complete, to the best of my knowledge and belief. With my signature below, I confirm I have read and understand the Fraud Warning Notice printed on the following pages. I understand that any material misstatement or misrepresentation may result in loss of coverage. I understand that any insurance applied for will not take effect unless and until Shenandoah Life Insurance Company approves my enrollment form. I understand that the effective date of the coverage will be the date stated on the Certificate's schedule page, not the date this enrollment form is signed. I understand that no agent can accept risks, modify policies, or waive any rights or requirements of Shenandoah Life Insurance Company.

THE CERTIFICATE PROVIDES LIMITED BENEFITS. REVIEW YOUR CERTIFICATE CAREFULLY.

Signature of Applicant: **X** _____ **Date:** _____

Affidavit for Agent's Use Only: I hereby certify that I have truly recorded in this enrollment form the information supplied by the applicant. I also certify that the applicant has read or had read to him or her the completed enrollment form.

Licensed Resident Agent's Signature _____ Licensed Resident Agent's No. _____

Agent's Name: (please print) _____ State License No _____

Fraud Warning Notice

For all states except those listed below:	Any person who knowingly and with the 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.
Alabama	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.
Arizona	For your protection Arizona law requires the following statement to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.
Arkansas, Louisiana and West Virginia	Any person who knowingly presents a false or fraudulent claim for payment for 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.
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 and 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.
Delaware	Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.
District of Columbia	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 benefit if false information materially related to a claim was provided by the applicant.
Florida	Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.
Indiana	A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.
Kentucky Kansas North Carolina	Any person who knowingly and with the 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 may subject such person to criminal and civil penalties.
Maryland	Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
Minnesota	Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.
Nebraska	Any person who knowingly and with intent to defraud any insurance company or another 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, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.
New Jersey	Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
New Mexico	ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRUADULENT CLAIM FOR PAYMENT OR LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.
Ohio	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.
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.
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. If coverage is contested, the company's only obligation will be to refund all premiums paid.

Tennessee	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the company. <u>Penalties include imprisonment, fines and denial of coverage.</u>
Texas	Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.
Virginia	Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.