CSEA CANCER CARE INSURANCE PLAN APPLICATION

To Enroll, Please Complete and Return to:
CSEA Endorsed Insurance Program Customer Service
P.O. Box 9997
Phoenix, AZ 85068-9997

SEND NO MONEY NOW! Payment Handled Via Payroll Deduction

California State Employees Association

Please print in INK. Do not erase or use correction fluid. To correct, cross out and initial/date changes. Complete the following, then sign the Agreement and Authorization on the last page.

1. Member Information

1. Member Name:
2. Street Address:
3. City: State: Zip:
4. Member SSN: - - 5. Email Address:
6. Date of Birth: / / 7. Daytime Phone #: ( ) - 8. Member Number:

Affiliation: ○ SEIU ○ CSUEU ○ ACSS ○ Retirees

2. Insurance Requested

YES, please enroll me in the requested Cancer Care Plan with First Occurrence benefit. This pays $10,000 at the first diagnosis of cancer.

Choose your requested level - fill in one circle:

Monthly Premiums for Cancer Care Coverage with First Occurrence Benefit

ATTAINED AGE Member's Age:	Member Only:	Member & Spouse:
18-49	○ $ 8.24	○ $13.20
50-64	○ $24.64	○ $39.41
65+	○ $42.63	○ $68.19

If Member & Spouse coverage selected above, please complete the following:

Spouse Name: Date of Birth: / /

3. Agreement and Authorization

Do you have existing comprehensive health coverage (employer plan, HMO, or insurance policy) providing essential health benefits? (Persons without such coverage are not eligible for this insurance coverage.)? **Yes** ○ **No** ○

Have you been diagnosed with cancer in the past 5 years? **Yes** ○ **No** ○
If you answered no to the previous question, you and your spouse are guaranteed acceptance. There is no medical exam; your coverage cannot be canceled as you grow older.

In order to be eligible to apply for this coverage, you must be a member of the CSEA, at least 18 years old and under age 65. Your lawful spouse, under age 65.

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, Leukemia, or Hodgkin's Disease, within the last 5 years.

It is understood that no benefits will be payable for expenses incurred during the first 12 months of coverage for any cancer diagnosed or treated within the first 30 days after the insured person's effective date of coverage.

Upon receipt of your Confirmation Form, a Certificate of Insurance will be mailed to you. For your convenience, you will be billed monthly.

Deduction Authorization: I authorize the State of California to deduct the monthly premium for such Group Insurance I select from my pay check or pay warrant to pay said premium in accordance with the law. I am a CSEA Member in good standing. By my signature below, I authorize the State of California to initiate future monthly payroll deductions from my regular premium payments. My payment authorization will remain in effect until the Plan Administrator has received and has had reasonable time to act on my request to cancel. I understand that in connection with this insurance coverage compensation may be paid or retained by the policyholder, your association and its agents, or any other sponsoring entity.

NEXT PAGE PLEASE ➔

3. Agreement and Authorization *(continued)*

I am a full-time CSEA member and, if indicated below, my spouse, hereby enroll for Cancer Care Plan coverage as issued 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 during my lifetime. I acknowledge I have received, read, and understand the disclosures.

For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

*(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.)

California law prohibits an HIV test from being required or used by health insurance companies as a condition for obtaining health insurance coverage.

X _____ X __/__/____

Member Signature — Date (MM/DD/YYYY)

X _____ X __/__/____

Spouse's Signature *(if applying)* — Date (MM/DD/YYYY) *(if applying)*

Insurance provided by Securian Life Insurance Company,
400 Robert Street North, St. Paul, MN 55101-2098

 ET-20220-23 101513 C5014 67973

Retain a photocopy of this application for your records and return the original to:
CSEA Endorsed Insurance Program Customer Service, P.O. Box 9997, Phoenix, AZ 85068-9997

Important Notice to Persons on Medicare
This Policy or Certificate Duplicates Some Medicare Benefits

This is not a Medicare Supplement Insurance Policy

This policy or certificate provides limited benefits, if you meet the policy conditions, for hospital and medical expenses only when you are treated for one of the specific diseases or health conditions listed in the policy or certificate. It does not pay your Medicare deductibles or coinsurance and is not a substitute for a Medicare Supplement insurance policy.

This policy or certificate duplicates Medicare benefits when it pays:
- hospital or medical expenses up to the maximum stated in the policy

Medicare generally pays for most or all of these expenses.

Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:
- hospitalization
- physician services
- hospice
- other approved items and services

Before You Buy This Policy

✓ Check the coverage in **all** health insurance policies you already have.

✓ For more information about Medicare and Medicare Supplement insurance, review the *Guide to Health Insurance for People with Medicare*, available from the insurance company.

✓ For help in understanding your insurance, contact your state insurance department or state senior insurance counseling program.

[DEFAULT]