



# APPLICATION

American Military Society

## CANCER PROTECTOR INSURANCE PLAN

Underwritten by Transamerica Premier Life Insurance Company, Cedar Rapids, IA 52499

1. I have verified my name and address below:

Name	FIRST	MIDDLE	LAST

Address

City	State	Zip Code

Birth Date (mo/day/yr)	Age

Phone No. ( )

Sex (M/F)

3.

4.

Yes! I want the Cancer Protector Plan. I've checked below:

### SEMI-ANNUAL PREMIUMS

Attained Age	Member Only	Member & Family
Under 50	<input type="checkbox"/> \$19.30	<input type="checkbox"/> \$28.10
50-64	<input type="checkbox"/> \$25.55	<input type="checkbox"/> \$37.25

5.

Fill in below if you wish to include your Spouse and/or dependent Children:

Person	Name	Sex	Date of Birth
Spouse/Domestic Partner			
Child			
Child			
Child			

6.

Do you currently have comprehensive health insurance coverage (i.e., hospital or medical expense insurance, an HMO contract, or Major Medical expense insurance)? ☐ Yes ☐ No

If you answer "No" to this question, you are not eligible for this supplemental coverage.

Policy No. MZ0909646H0000A

### Competitive Group Rates

### Easy Steps to Apply

### How to Apply

1. Complete the questions on this Application; then, sign and date where indicated
2. Make your premium check payable to:  
**AMS Insurance Plans**
3. Mail your completed Application with your premium to:

**AMS Insurance Plans**

**P.O. Box 153085**

**Irving, TX 75015-3085**

Any Questions?

**CALL TOLL-FREE**

**1-800-808-4514**

7. I hereby represent that to the best of my knowledge and belief, no person to be insured under this policy has received treatment\* or been medically advised of Cancer (excluding Skin Cancer) Leukemia or Hodgkin’s Disease, within the last 10 years (7 years in MD, 12 months in Texas, 2 years in GA) Age restriction: (under 65 in CA and under 80 in all other states).

*\*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.*

Your coverage will be effective on the first day of the month following acceptance of your Application, provided your first premium is paid and you are not hospital confined on that date.

CALIFORNIA LAW PROHIBITS AN HIV TEST FROM BEING REQUIRED OR USED BY HEALTH INSURANCE COMPANIES AS A CONDITION OF OBTAINING HEALTH INSURANCE COVERAGE.

Are you or any dependents eligible for Medicare? ☐ Yes ☐ No

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of Member

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of Spouse/Domestic Partner, if to be insured

**IMPORTANT NOTICE TO PERSONS ON MEDICARE**  
**THIS INSURANCE DUPLICATES SOME MEDICARE BENEFITS**  
**This is not a Medicare Supplement Insurance**

This insurance pays a fixed amount, regardless of your expenses, if you meet the policy conditions, for one of the specific diseases or health conditions named in the policy. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

**This insurance duplicates Medicare benefits because Medicare generally pays for most of the expenses for the diagnosis and treatment of the specific conditions or diagnoses named in the policy.**

Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include: Medicare pays extensive benefits for medically necessary services (regardless of the reason you need them). These include: Medicare pays extensive benefits for medically necessary services (regardless of the reason you need them). These include:

-hospitalization -physician services -hospice -outpatient prescription drugs if you are enrolled in Medicare Part D -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 health insurance, contact you state insurance department or state insurance assistance program.

**A Notice About Transamerica’s Privacy Policy**

- 1. We do not sell your personal information to anyone.
- 2. We may collect nonpublic personal information about you from the following sources; Information we receive from you on applications or other forms; and Information about your transactions with us, or our affiliates
- 3. We do not disclose any nonpublic personal information about you to either our “affiliates” or non-affiliates, except as permitted or required by law
- 4. We restrict access to your nonpublic personal information to employees who need to know that information to provide products or services to you. We maintain physical, electronic and procedural safeguards to protect your nonpublic personal information.