

Child

1.

I have verified my name and address below:

APPLICATION

American Military Society

CANCER PROTECTOR INSURANCE PLAN

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

Policy No. MZ0909646H0000A

Name F	IRST	MIDDLE	LAST		Competitive Group Rates Easy Steps to Apply	
Address						
City	Sta	te	Zip Code	\neg	How to Apply	
Birth Date (mo/day/yr)			Age		. Complete the questions on this Application; then, sign and date where indicated	
Phone No.				2	. Make your premium check payable to: AMS Insurance Plans	
Sex (M/F)				3	. Mail your completed Application with your premium to:	
					AMS Insurance Plans	
Yes! I want the Cancer Protector Plan. I've checked below:					P.O. Box 153085	
SEMI-ANNUAL PREMIUMS					Irving, TX 75015-3085	
Attained Age	Member Only	Member & Family	,			
Jnder 50	□ \$19.30	\$28.10			Any Questions?	
50-64	\$25.55	\$37.25			CALL TOLL-FREE	
65 & Over ²	\$31.25	\$45.30			1-800-808-4514	
Fill in below if y	ou wish to include y	our Spouse and/or	dependent Children:			
Person		Name		Sex	Date of Birth	
Spouse						
Child						
Child						

I hereby represent that to the best of my knowledge and belief, no person to be insured under this policy has received treatment* or 6. 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.

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 (not applicable to the residents of AZ, MN, MO, OK, TX and WI).

IMPORTANT NOTICE TO PERSONS ON MEDICARE

Signature of Spouse, if to be insured

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:

-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.

A SHOPPER'S GUIDE TO CANCER INSURANCE

Should You Buy Cancer Insurance?

Cancer Insurance is Not a Substitute for Comprehensive Coverage.

Caution: Limitations On Cancer Insurance.

Prepared by the American Military Society Commissioners

CANCER INSURANCE ...

Cancer insurance provides benefits only if you get cancer. No policy will cover cancer diagnosed before you applied for the policy. Examples of other specified disease policies are heart attack or stroke policies. The information in this booklet applies to cancer insurance, but could very well apply to other specified disease policies.

CANCER INSURANCE IS NOT A SUBSTITUTE FOR COMPREHENSIVE COVERAGE ...

Cancer treatment accounts for about 10% of U.S. health expenses. In fact, no single disease accounts for more than a small proportion of the American public's health care bill. This is why it is essential to have insurance coverage for all conditions, not just cancer. If you and your family are not protected against catastrophic medical costs, you should consider a major medical policy. These policies pay a large percentage of your covered costs after a deductible is paid either by you or your basic insurance. They often have very high maximums, such as \$100,000 to \$1,000,000. Major medical policies will cover you for any accident or sickness, including cancer. They cost more than cancer policies because they cover more, but they are generally considered a better buy.

SHOULD YOU BUY CANCER INSURANCE? ... MANY PEOPLE DON'T NEED IT

If you are considering cancer insurance, ask yourself three questions: Is my current coverage adequate for these costs? How much will the treatment cost if I do get cancer? How likely am I to contract the disease?

If you have Medicare and want more insurance, a comprehensive Medicare supplement policy is what you need.

Low income people who are Medicaid recipients don't need any more insurance. If you think you might qualify, contact your local social service agency.

Duplicate Coverage is Expensive and Unnecessary. Buy basic coverage first such as a major medical policy. Make sure any cancer policy will meet needs not met by your basic insurance. You cannot assume that double coverage will result in double benefits. Many cancer policies advertise that they will pay benefits no matter what your other insurance pays. However, your basic policy may contain a coordination of benefits clause. That means it will not pay duplicate benefits. To find out if you can get benefits from both policies, check your regular insurance as well as the cancer policy.

Some Cancer Expenses May Not Be Covered Even by a Cancer Policy. Medical costs of cancer treatment vary. On the average, hospitalization accounts for 78% of such costs and physician services make up 13%. The remainder goes for other professional services, drugs and nursing

home care. Cancer patients often face large nonmedical expenses which are not usually covered by cancer insurance. Examples are home care, transportation and rehabilitation costs.

Don't be Misled by Emotions. While three in ten Americans will get cancer over a lifetime, seven in ten will not. In any one year, only one American in 250 will get cancer. The odds are against your receiving any benefits from a cancer policy. Be sure you know what conditions must be met before the policy will start to pay your bills.

CAUTION: LIMITATIONS OF CANCER INSURANCE

Cancer policies sold today vary widely in cost and coverage. If you decide to purchase a cancer policy, contact different companies and agents, and compare the policies before you buy. Here are some common limitations:

Some policies pay only for hospital care. Today cancer care treatment, including radiation, chemotherapy and some surgery, is often given on an outpatient basis. Because the average stay in the hospital for a cancer patient is only 13 days, a policy which pays only when you are hospitalized has limited value.

Many policies promise to increase benefits after a patient has been in the hospital for 90 consecutive days. However, since the average stay in a hospital for a cancer patient is 13 days, large dollar amounts for extended benefits have very little value for most patients.

Many cancer insurance policies have fixed dollar limits. For example, a policy might pay only up to \$1,500 for surgery costs or \$1,000 for radiation therapy, or it may have fixed payments such as \$50 or \$100 for each day in the hospital. Others limit total benefits to a fixed amount such as \$5,000 or \$10,000.

No policy will cover cancer diagnosed before you applied for the policy. Some policies will deny coverage if you are later found to have had cancer at the time of purchase, even if you did not know it.

Most cancer insurance does not cover cancer-related illnesses. Cancer or its treatment may lead to other physical problems, such as infection, diabetes or pneumonia.

Many policies contain time limits. Some policies require waiting periods of 30 days or even several months before you are covered. Others stop paying benefits after a fixed period of two or three years.

FOR ADDITIONAL HELP ...

If you are considering a cancer policy, the company or agent should answer your questions. You do not need to make a decision to purchase the policy the same day you talk to the agent. Be sure to ask how long you have to make your decision. If you do not get the information you want, call or write Office of the Commissioner of Insurance, 121 East Wilson Street, P.O. Box 7873, Madison, WI 53707-7873, (608) 266-0103

If you have a complaint against an insurance company or agent, write the Office of the Commissioner of Insurance at the address above, or call the Complaints Hotline, 800-236-8517.