



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

- 2.

Birth Date (mo/day/yr)	Age

Phone No. ()

- 3.

Sex (M/F)

- 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
65 & Over ²	<input type="checkbox"/> \$31.25	<input type="checkbox"/> \$45.30

- 5.

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

Person	Name	Sex	Date of Birth
Spouse			
Child			
Child			
Child			

- 6.

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.

AT1212019

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

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).

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.

DC and RI Residents: Any person who knowingly presents a false or fraudulent claim for payment of 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.

FL Residents: 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.

MD Residents: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in a prison.

PA Residents: 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 material 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.

AR, KY, NM, OH, OK and TN Residents: 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 crime and may be subject to fines or confinement in prison.

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

Date _____/_____/_____ _____
Signature of Member

Date _____/_____/_____ _____
Signature of Spouse, 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:

-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.