

Seguro de Level Term Life

Beneficios que lo protegen a usted y a su familia



Cálculo del Seguro de Vida:

Ejemplo

- Una cobertura de \$80,000 por un plazo de 20 años para una persona de 45 años costaría \$11.20 por semana: $80,000/10,000 \times \$1.40$.

Cálculo del beneficio de vida para el empleado o cónyuge:

Paso 1

¿Cuánto en cobertura le gustaría? (incrementos de \$10,000) \$ _____

Paso 2

Ingrese la tarifa según la cobertura de \$10,000 para su edad y el plazo deseado \$ _____

Paso 3

Multiplique el Paso 1 por el Paso 2 \$ _____

Paso 4

Divídalo por 10,000 \$ _____

La respuesta al Paso 4 será su prima semanal correspondiente al monto de cobertura de Seguro de Vida que desea.

El Seguro de Vida es una gran manera de proteger sus activos más importantes y ayudarlo a proveer la tranquilidad mental que su familia se merece. Este plan le paga en efectivo directamente a usted o su beneficiario para que lo use de la manera que usted elija. También es portátil, así puede continuar con su cobertura si cambia de empleador.

El Seguro de Level Term Life también incluye un Beneficio por Enfermedad Terminal que brinda hasta el 50% del beneficio por muerte mientras convive con una enfermedad terminal. Este beneficio se incluye automáticamente en la póliza del empleado.

Opciones de Beneficio

Cobertura para el empleado, cónyuge e hijos disponible.

Cobertura para Empleado:

- Puede elegir un plazo de cobertura de 10 años o de 20 años.
- Elija los montos del beneficio del Seguro de Vida entre \$10,000 y \$300,000, en incrementos de \$10,000.
- Puede elegir una cobertura de hasta \$100,000 en un régimen de emisión garantizada. Para montos del beneficio superiores a \$100,000 deberá responder preguntas sobre la salud en el formulario de Evidencia de Asegurabilidad (EOI).
- La portabilidad le permitirá continuar con la cobertura si cambia de empleador o si ya no tiene disponibles los beneficios de Questco.

Cobertura para Hijos

- Puede elegir cubrir a sus hijos, si tiene cobertura para empleados.
- Elija los montos del beneficio de Seguro de Vida entre \$5,000 y \$25,000, en incrementos de \$5,000. La cobertura para su(s) hijo(s) no puede exceder su monto de cobertura.
- Puede elegir una cobertura para hijo(s) de hasta \$10,000 en un régimen de emisión garantizada. Para montos del beneficio superiores a \$10,000 deberá responder preguntas sobre la salud en el formulario de Evidencia de Asegurabilidad (EOI).
- Una tarifa cubre a todos los hijos elegibles.

Elegibilidad

- Los empleados entre 18 y 60 años pueden elegir cobertura a término de 20 años.
- Los empleados entre 18 y 70 años pueden elegir cobertura a término de 10 años.
- Los cónyuges entre 18 y 60 años pueden elegir cobertura a término de 10 años o 20 años.
- Se puede elegir nueva cobertura para hijos de entre 11 días y 24 años. La cobertura para hijos finaliza al cumplir 26 años.

Cobertura para Cónyuge:

- Puede elegir cubrir a su cónyuge si el empleado tiene cobertura.
- Su cónyuge puede recibir cobertura por un término de 10 años o 20 años (debe ser igual al período de cobertura del empleado).
- Elija los montos del beneficio del Seguro de Vida entre \$10,000 y \$50,000, en incrementos de \$10,000. La cobertura para el cónyuge no puede exceder el monto de cobertura del empleado.
- Puede elegir una cobertura de cónyuge de hasta \$10,000 en un régimen de emisión garantizada. Para montos del beneficio superiores a \$10,000 deberá responder preguntas sobre la salud del cónyuge en el formulario de Evidencia de Asegurabilidad (EOI).
- Las tarifas de cónyuge dependen de la edad de su cónyuge.

Exclusiones y Limitaciones del Seguro de Vida

- No se pagarán beneficios por muerte causada por suicidio, ya sea con buenas o malas facultades mentales, dentro de los dos años de la fecha de entrada en vigencia de la cobertura. Le reembolsaremos cualquier prima pagada durante esos primeros dos años.

Limitación de Beneficio de Enfermedad Terminal

- Sólo se pagará un monto de beneficio por vida de hasta el 50% del monto del beneficio por muerte. Este beneficio está disponible para el empleado hasta los 55 años en la mayoría de los estados.

Este documento es una breve descripción del Certificado, Formulario N.º C34610-TX. Consulte el certificado de seguro para detalles específicos sobre los beneficios, exclusiones y limitaciones. Suscrito por Combined Insurance Company of America, una compañía de Chubb.

Tarifas de Seguro de Level Term Life de 20 años

Las primas de Seguro de Vida varían de acuerdo a su edad y el monto de cobertura seleccionado.

Las tarifas de cónyuge dependen de la edad de su cónyuge. La cobertura del cónyuge no puede superar el monto de cobertura del empleado.

Tarifas de empleado y cónyuge: ciclos de 48 pagos									
Edad	\$10,000	\$30,000	\$50,000	\$70,000	\$100,000	\$150,000	\$200,000	\$250,000	\$300,000
18	\$0.40	\$1.20	\$2.00	\$2.80	\$4.00	\$6.00	\$8.00	\$10.00	\$12.00
19	\$0.42	\$1.26	\$2.10	\$2.94	\$4.20	\$6.30	\$8.40	\$10.50	\$12.60
20	\$0.42	\$1.26	\$2.10	\$2.94	\$4.20	\$6.30	\$8.40	\$10.50	\$12.60
21	\$0.45	\$1.35	\$2.25	\$3.15	\$4.50	\$6.75	\$9.00	\$11.25	\$13.50
22	\$0.45	\$1.35	\$2.25	\$3.15	\$4.50	\$6.75	\$9.00	\$11.25	\$13.50
23	\$0.50	\$1.50	\$2.50	\$3.50	\$5.00	\$7.50	\$10.00	\$12.50	\$15.00
24	\$0.53	\$1.59	\$2.65	\$3.71	\$5.30	\$7.95	\$10.60	\$13.25	\$15.90
25	\$0.56	\$1.68	\$2.80	\$3.92	\$5.60	\$8.40	\$11.20	\$14.00	\$16.80
26	\$0.56	\$1.68	\$2.80	\$3.92	\$5.60	\$8.40	\$11.20	\$14.00	\$16.80
27	\$0.58	\$1.74	\$2.90	\$4.06	\$5.80	\$8.70	\$11.60	\$14.50	\$17.40
28	\$0.61	\$1.83	\$3.05	\$4.27	\$6.10	\$9.15	\$12.20	\$15.25	\$18.30
29	\$0.63	\$1.89	\$3.15	\$4.41	\$6.30	\$9.45	\$12.60	\$15.75	\$18.90
30	\$0.63	\$1.89	\$3.15	\$4.41	\$6.30	\$9.45	\$12.60	\$15.75	\$18.90
31	\$0.63	\$1.89	\$3.15	\$4.41	\$6.30	\$9.45	\$12.60	\$15.75	\$18.90
32	\$0.66	\$1.98	\$3.30	\$4.62	\$6.60	\$9.90	\$13.20	\$16.50	\$19.80
33	\$0.66	\$1.98	\$3.30	\$4.62	\$6.60	\$9.90	\$13.20	\$16.50	\$19.80
34	\$0.68	\$2.04	\$3.40	\$4.76	\$6.80	\$10.20	\$13.60	\$17.00	\$20.40
35	\$0.71	\$2.13	\$3.55	\$4.97	\$7.10	\$10.65	\$14.20	\$17.75	\$21.30
36	\$0.77	\$2.31	\$3.85	\$5.39	\$7.70	\$11.55	\$15.40	\$19.25	\$23.10
37	\$0.84	\$2.52	\$4.20	\$5.88	\$8.40	\$12.60	\$16.80	\$21.00	\$25.20
38	\$0.92	\$2.76	\$4.60	\$6.44	\$9.20	\$13.80	\$18.40	\$23.00	\$27.60
39	\$1.00	\$3.00	\$5.00	\$7.00	\$10.00	\$15.00	\$20.00	\$25.00	\$30.00
40	\$1.05	\$3.15	\$5.25	\$7.35	\$10.50	\$15.75	\$21.00	\$26.25	\$31.50
41	\$1.10	\$3.30	\$5.50	\$7.70	\$11.00	\$16.50	\$22.00	\$27.50	\$33.00
42	\$1.19	\$3.57	\$5.95	\$8.33	\$11.90	\$17.85	\$23.80	\$29.75	\$35.70
43	\$1.26	\$3.78	\$6.30	\$8.82	\$12.60	\$18.90	\$25.20	\$31.50	\$37.80
44	\$1.34	\$4.02	\$6.70	\$9.38	\$13.40	\$20.10	\$26.80	\$33.50	\$40.20
45	\$1.40	\$4.20	\$7.00	\$9.80	\$14.00	\$21.00	\$28.00	\$35.00	\$42.00
46	\$1.55	\$4.65	\$7.75	\$10.85	\$15.50	\$23.25	\$31.00	\$38.75	\$46.50
47	\$1.76	\$5.28	\$8.80	\$12.32	\$17.60	\$26.40	\$35.20	\$44.00	\$52.80
48	\$1.92	\$5.76	\$9.60	\$13.44	\$19.20	\$28.80	\$38.40	\$48.00	\$57.60
49	\$2.10	\$6.30	\$10.50	\$14.70	\$21.00	\$31.50	\$42.00	\$52.50	\$63.00
50	\$2.31	\$6.93	\$11.55	\$16.17	\$23.10	\$34.65	\$46.20	\$57.75	\$69.30
51	\$2.50	\$7.50	\$12.50	\$17.50	\$25.00	\$37.50	\$50.00	\$62.50	\$75.00
52	\$2.71	\$8.13	\$13.55	\$18.97	\$27.10	\$40.65	\$54.20	\$67.75	\$81.30
53	\$2.87	\$8.61	\$14.35	\$20.09	\$28.70	\$43.05	\$57.40	\$71.75	\$86.10
54	\$3.08	\$9.24	\$15.40	\$21.56	\$30.80	\$46.20	\$61.60	\$77.00	\$92.40
55	\$3.23	\$9.69	\$16.15	\$22.61	\$32.30	\$48.45	\$64.60	\$80.75	\$96.90
56	\$3.68	\$11.04	\$18.40	\$25.76	\$36.80	\$55.20	\$73.60	\$92.00	\$110.40
57	\$4.18	\$12.54	\$20.90	\$29.26	\$41.80	\$62.70	\$83.60	\$104.50	\$125.40
58	\$4.62	\$13.86	\$23.10	\$32.34	\$46.20	\$69.30	\$92.40	\$115.50	\$138.60
59	\$5.09	\$15.27	\$25.45	\$35.63	\$50.90	\$76.35	\$101.80	\$127.25	\$152.70
60	\$5.49	\$16.47	\$27.45	\$38.43	\$54.90	\$82.35	\$109.80	\$137.25	\$164.70

Tarifas de hijos: ciclos de 48 pagos					
Monto de Cobertura	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000
Tarifa semanal	\$0.32	\$0.63	\$0.94	\$1.25	\$1.56

* Los montos del beneficio del Seguro de Vida del empleado que superen los \$100,000 y los montos del cónyuge y los hijos que superen los \$10,000 requieren completar el formulario de Evidencia de Asegurabilidad para el Seguro de Vida a Término.

La cobertura de los hijos no puede superar el monto de cobertura del empleado.

Tarifas de Seguro de Level Term Life de 10 años

Las primas de Seguro de Vida varían de acuerdo a su edad y el monto de cobertura seleccionado. *Las tarifas de cónyuge dependen de la edad de su cónyuge.*

Tarifas de empleado y cónyuge: ciclos de 48 pagos									
Edad	\$10,000	\$30,000	\$50,000	\$70,000	\$100,000	\$150,000	\$200,000	\$250,000	\$300,000
18	\$0.32	\$0.96	\$1.60	\$2.24	\$3.20	\$4.80	\$6.40	\$8.00	\$9.60
19	\$0.32	\$0.96	\$1.60	\$2.24	\$3.20	\$4.80	\$6.40	\$8.00	\$9.60
20	\$0.32	\$0.96	\$1.60	\$2.24	\$3.20	\$4.80	\$6.40	\$8.00	\$9.60
21	\$0.35	\$1.05	\$1.75	\$2.45	\$3.50	\$5.25	\$7.00	\$8.75	\$10.50
22	\$0.37	\$1.11	\$1.85	\$2.59	\$3.70	\$5.55	\$7.40	\$9.25	\$11.10
23	\$0.37	\$1.11	\$1.85	\$2.59	\$3.70	\$5.55	\$7.40	\$9.25	\$11.10
24	\$0.37	\$1.11	\$1.85	\$2.59	\$3.70	\$5.55	\$7.40	\$9.25	\$11.10
25	\$0.40	\$1.20	\$2.00	\$2.80	\$4.00	\$6.00	\$8.00	\$10.00	\$12.00
26	\$0.40	\$1.20	\$2.00	\$2.80	\$4.00	\$6.00	\$8.00	\$10.00	\$12.00
27	\$0.40	\$1.20	\$2.00	\$2.80	\$4.00	\$6.00	\$8.00	\$10.00	\$12.00
28	\$0.42	\$1.26	\$2.10	\$2.94	\$4.20	\$6.30	\$8.40	\$10.50	\$12.60
29	\$0.45	\$1.35	\$2.25	\$3.15	\$4.50	\$6.75	\$9.00	\$11.25	\$13.50
30	\$0.47	\$1.41	\$2.35	\$3.29	\$4.70	\$7.05	\$9.40	\$11.75	\$14.10
31	\$0.47	\$1.41	\$2.35	\$3.29	\$4.70	\$7.05	\$9.40	\$11.75	\$14.10
32	\$0.53	\$1.59	\$2.65	\$3.71	\$5.30	\$7.95	\$10.60	\$13.25	\$15.90
33	\$0.53	\$1.59	\$2.65	\$3.71	\$5.30	\$7.95	\$10.60	\$13.25	\$15.90
34	\$0.56	\$1.68	\$2.80	\$3.92	\$5.60	\$8.40	\$11.20	\$14.00	\$16.80
35	\$0.58	\$1.74	\$2.90	\$4.06	\$5.80	\$8.70	\$11.60	\$14.50	\$17.40
36	\$0.63	\$1.89	\$3.15	\$4.41	\$6.30	\$9.45	\$12.60	\$15.75	\$18.90
37	\$0.68	\$2.04	\$3.40	\$4.76	\$6.80	\$10.20	\$13.60	\$17.00	\$20.40
38	\$0.74	\$2.22	\$3.70	\$5.18	\$7.40	\$11.10	\$14.80	\$18.50	\$22.20
39	\$0.82	\$2.46	\$4.10	\$5.74	\$8.20	\$12.30	\$16.40	\$20.50	\$24.60
40	\$0.89	\$2.67	\$4.45	\$6.23	\$8.90	\$13.35	\$17.80	\$22.25	\$26.70
41	\$0.94	\$2.82	\$4.70	\$6.58	\$9.40	\$14.10	\$18.80	\$23.50	\$28.20
42	\$1.03	\$3.09	\$5.15	\$7.21	\$10.30	\$15.45	\$20.60	\$25.75	\$30.90
43	\$1.08	\$3.24	\$5.40	\$7.56	\$10.80	\$16.20	\$21.60	\$27.00	\$32.40
44	\$1.13	\$3.39	\$5.65	\$7.91	\$11.30	\$16.95	\$22.60	\$28.25	\$33.90
45	\$1.21	\$3.63	\$6.05	\$8.47	\$12.10	\$18.15	\$24.20	\$30.25	\$36.30
46	\$1.37	\$4.11	\$6.85	\$9.59	\$13.70	\$20.55	\$27.40	\$34.25	\$41.10
47	\$1.50	\$4.50	\$7.50	\$10.50	\$15.00	\$22.50	\$30.00	\$37.50	\$45.00
48	\$1.68	\$5.04	\$8.40	\$11.76	\$16.80	\$25.20	\$33.60	\$42.00	\$50.40
49	\$1.84	\$5.52	\$9.20	\$12.88	\$18.40	\$27.60	\$36.80	\$46.00	\$55.20
50	\$2.00	\$6.00	\$10.00	\$14.00	\$20.00	\$30.00	\$40.00	\$50.00	\$60.00
51	\$2.15	\$6.45	\$10.75	\$15.05	\$21.50	\$32.25	\$43.00	\$53.75	\$64.50
52	\$2.31	\$6.93	\$11.55	\$16.17	\$23.10	\$34.65	\$46.20	\$57.75	\$69.30
53	\$2.50	\$7.50	\$12.50	\$17.50	\$25.00	\$37.50	\$50.00	\$62.50	\$75.00
54	\$2.63	\$7.89	\$13.15	\$18.41	\$26.30	\$39.45	\$52.60	\$65.75	\$78.90
55	\$2.78	\$8.34	\$13.90	\$19.46	\$27.80	\$41.70	\$55.60	\$69.50	\$83.40
56	\$3.13	\$9.39	\$15.65	\$21.91	\$31.30	\$46.95	\$62.60	\$78.25	\$93.90
57	\$3.44	\$10.32	\$17.20	\$24.08	\$34.40	\$51.60	\$68.80	\$86.00	\$103.20
58	\$3.76	\$11.28	\$18.80	\$26.32	\$37.60	\$56.40	\$75.20	\$94.00	\$112.80
59	\$4.07	\$12.21	\$20.35	\$28.49	\$40.70	\$61.05	\$81.40	\$101.75	\$122.10
60	\$4.39	\$13.17	\$21.95	\$30.73	\$43.90	\$65.85	\$87.80	\$109.75	\$131.70
61	\$4.70	\$14.10	\$23.50	\$32.90	\$47.00	\$70.50	\$94.00	\$117.50	\$141.00
62	\$5.04	\$15.12	\$25.20	\$35.28	\$50.40	\$75.60	\$100.80	\$126.00	\$151.20
63	\$5.36	\$16.08	\$26.80	\$37.52	\$53.60	\$80.40	\$107.20	\$134.00	\$160.80
64	\$5.70	\$17.10	\$28.50	\$39.90	\$57.00	\$85.50	\$114.00	\$142.50	\$171.00
65	\$6.02	\$18.06	\$30.10	\$42.14	\$60.20	\$90.30	\$120.40	\$150.50	\$180.60
66	\$6.51	\$19.53	\$32.55	\$45.57	\$65.10	\$97.65	\$130.20	\$162.75	\$195.30
67	\$7.07	\$21.21	\$35.35	\$49.49	\$70.70	\$106.05	\$141.40	\$176.75	\$212.10
68	\$7.72	\$23.16	\$38.60	\$54.04	\$77.20	\$115.80	\$154.40	\$193.00	\$231.60
69	\$8.38	\$25.14	\$41.90	\$58.66	\$83.80	\$125.70	\$167.60	\$209.50	\$251.40
70	\$9.11	\$27.33	\$45.55	\$63.77	\$91.10	\$136.65	\$182.20	\$227.75	\$273.30

* Los montos del beneficio del Seguro de Vida del empleado que superen los \$100,000 y los montos del cónyuge y los hijos que superen los \$10,000 requieren completar el formulario de Evidencia de Asegurabilidad para el Seguro de Vida a Término.

Group Term Life Evidence of Insurability

I. BASIC INFORMATION			
Group Policyholder:		Group Policy Number:	Date
EMPLOYEE'S (Proposed Insured) NAME (First MI Last)		<input type="checkbox"/> Male <input type="checkbox"/> Female	Birthdate: Mo/Day/Yr Age
EMPLOYEE'S HOME ADDRESS (Street, City, State, Zip)		Work Phone No.	Social Security No. Employee ID#
Home Phone No.	Mobile Phone No.	Email	
EMPLOYER NAME		Hire Date: Mo/Day/Yr	Gross Annual Income
Occupation			

Name(s)	DOB: Mo/Day/Yr	Relationship	Sex
Employee	(as above)	Self	(as above)
		Spouse	M <input type="checkbox"/> F <input type="checkbox"/>
		Child 1	M <input type="checkbox"/> F <input type="checkbox"/>
		Child 2	M <input type="checkbox"/> F <input type="checkbox"/>
		Child 3	M <input type="checkbox"/> F <input type="checkbox"/>
		Child 4	M <input type="checkbox"/> F <input type="checkbox"/>
		Child 5	M <input type="checkbox"/> F <input type="checkbox"/>
		Child 6	M <input type="checkbox"/> F <input type="checkbox"/>
		Child 7	M <input type="checkbox"/> F <input type="checkbox"/>
		Child 8	M <input type="checkbox"/> F <input type="checkbox"/>
		Child 9	M <input type="checkbox"/> F <input type="checkbox"/>
		Child 10	M <input type="checkbox"/> F <input type="checkbox"/>

IMPORTANT – READ CAREFULLY

II. EMPLOYEE SECTION

- I represent and affirm the following:
- In the past 12 months, have you missed 5 or more consecutive days of work due to an injury or illness other than as a result of a cold, the flu, back problems, strained/sprained/fractured/broken limb or as a result of pregnancy? Yes No
 - Have you been tested positive for exposure to the Human Immunodeficiency Virus (HIV) infection or been diagnosed as having AIDS-related complex (ARC) or Acquired Immune Deficiency Syndrome (AIDS) caused by the HIV infection or other sickness or condition derived from such infection? Yes No
 - Within the past 6 months have you had a blood pressure reading of 140/90 or higher, been told your blood pressure is uncontrolled, or has your physician added an additional blood pressure medication to your treatment regimen? Yes No
 - Within the past 5 years, have you been diagnosed with diseases or disorders related to, been counseled, consulted, or treated by a doctor, including surgery, for any of the following: Yes No
 - Coronary artery disease, chest pain, heart surgery, or any disease of the arteries, or blood disorders; hemophilia; phlebitis? Yes No
 - Any mental or psychiatric disorder; Multiple Sclerosis; Parkinson's Disease; stomach or intestinal disorder; Crohn's Disease; Ulcerative Colitis? Yes No
 - Cerebrovascular disease, muscular dystrophy, and any other neurological disorder or disorder of the nervous system? Yes No
 - Stroke or Transient Ischemic Attack (TIA)? Yes No
 - Emphysema, other disease of lungs, or respiratory organs? Yes No
 - End stage renal disease; disease of kidney? Yes No
 - Cancer, and/or cancerous tumor, including skin cancer? Yes No
 - Cirrhosis, alcoholism or drug habit? Yes No

III. SPOUSE AND CHILD SECTION

Complete question 1 if applying for life insurance on your spouse and/or child(ren).

Complete questions 1 and 2 if applying for life insurance above \$10,000 on your spouse and/or above \$10,000 on your child(ren)

Spouse

Child(ren)

1. Is the proposed insured currently disabled or confined to a medical facility due to an injury or illness other than as a result of a cold, the flu, back problems or strained/sprained/fractured/broken limb?

Yes No Yes No

2. In the past 12 months, has the proposed insured been hospitalized on an in-patient or outpatient basis, or treated by a physician due to an injury or illness other than as a result of a cold, the flu, back problems, strained/sprained/fractured/broken limb, routine physical or as a result of pregnancy?

Yes No Yes No

It is very important that you review your evidence of insurability carefully. Misstatements or omissions could cause an otherwise valid claim to be denied.

CONFIDENTIALITY OF MEDICAL INFORMATION

The medical information disclosed on this Evidence of Insurability will not be disclosed to the employer or any other person without the authorization of the proposed insured.

AUTHORIZATION TO RELEASE MEDICAL INFORMATION

I authorize Combined Insurance Company of America or its reinsurers to acquire from and authorize any hospital, physician, medical practitioner, clinic, pharmacy, pharmacy benefits manager or other pharmacy-related services organization, medically related facility, insurance company, or consumer reporting agency to release to Combined Insurance Company of America any information regarding me or my past or present health for the purpose of evaluating this Evidence of Insurability for insurance. I also authorize Combined Insurance Company of America or its reinsurers to disclose all such information to any physician, or any other insurance company in order to evaluate a claim or an application for insurance.

This authorization shall remain valid for a period of two years from the issue date of the coverage. A photocopy of this authorization will be as valid as the original. A copy of the authorization is available to me or my representative upon request to Combined.

I understand that any insurance will not take effect unless and until Combined Insurance Company of America approves my enrollment. If coverage cannot be issued as requested under the rules of the company, I authorize Combined Insurance Company of America to issue reduced benefits and adjust premiums to match the coverage issued. I authorize my employer to deduct the premiums for this insurance from my earnings (unless the coverage for which I am requesting allows for alternate methods to pay insurance premiums). This authorization may be revoked at any time.

In applying for this coverage, I represent and affirm that the information which I have given as recorded on this Evidence of Insurability is true and complete to the best of my knowledge and belief.

I understand that any disclosure of information carries with it the potential for any unauthorized re-disclosure and the information may not be protected by the federal confidentiality rules.

This form may be completed by electronic or telephonic means. I acknowledge that Combined Insurance or its agent has verified my identity for this purpose in accordance with any applicable law or regulation. If completed by electronic means, I agree to provide my consent and authorization to complete an electronic transaction to apply for coverage, and that this authorization shall constitute an electronic signature. If completed by telephonic means, I acknowledge that I have not myself physically signed the form, but instead I hereby authorize Combined Insurance or its agent to accept my voice signature response. The responses received on this form will be attached and made part of the Policy.

Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

X _____ City: _____ State: _____ Date: _____
Signature of Employee

I, the authorized agent, have on the date of application recorded the information as given to me by the Employee.
Signature of Licensed Agent _____ Code # _____ % Split _____

Agent's Name and License Identification No. (Please Print) _____