

AMERICAN MEDICAL ACCESS PLAN

COMPANION LIFE INSURANCE COMPANY EMPLOYEE APPLICATION FOR INSURANCE

DO NOT LEAVE ANY BLANKS

- New Enrollment
- Change of Family Status

Employer Name _____

EMPLOYEE INFORMATION

Employee Name _____ Social Security Number _____

Home Address _____

Street _____ City, State _____ Zip _____ Home Telephone _____

Sex Male Female Date of Birth ____-____-____ Date of Hire ____-____-____ Hours Worked _____

Job Title/Classification _____

Marital Status Single Married Divorced Life Insurance Beneficiary _____

Beneficiary Relationship _____

DEPENDENT INFORMATION

Dependent Name	Date of Birth	Relationship	Full-Time Student (Yes/No)	Social Security No.

BENEFIT SELECTION

- OPTION 1**
 OPTION 2
 OPTION 3

Daily In-Hospital Indemnity Benefit	\$250	\$500	\$1,000
Maximum Number of Days of Confinement	30	30	30
Surgical Indemnity Benefit Maximum (per RBRVS Schedule)	\$1,200	\$1,800	\$2,400
Accident Benefit (per Accident)	100% to \$500	100% to \$1,000	100% to 1,000
Anesthesia Indemnity Benefit:	20% of the Surgical Indemnity Benefit	20% of the Surgical Indemnity Benefit	20% of the Surgical Indemnity Benefit
Outpatient Physician Office Visit (per Visit)	\$50	\$50	\$75
Calendar Year Maximum Office Visits per Person	5	5	7
Outpatient Diagnostic X-Ray & Lab Benefit (per Day)	N/A	\$100	\$100
Calendar Year Maximum Testing Days per Person	N/A	3	5
Outpatient Prescription Drug Indemnity Benefit (per Prescription)	N/A	\$20	\$20
Maximum Prescriptions per Person Per Calendar Year	N/A	10	15
Life Insurance*			
(Employee)	\$10,000	\$10,000	\$10,000
(Spouse)	\$2,500	\$2,500	\$2,500
(Each Child – over 6 mos.)	\$1,000	\$1,000	\$1,000

*(For persons ages 65 or older, the Principal Sum will be 65% of the amount shown.)

EMPLOYEE AUTHORIZATION

- I ELECT TO PARTICIPATE IN THE PLAN AND AUTHORIZE MY EMPLOYER TO MAKE DEDUCTIONS FROM MY PAYCHECK, IF APPLICABLE.
- I HAVE BEEN GIVEN THE OPPORTUNITY TO PARTICIPATE, BUT I ELECT **NOT TO PARTICIPATE** IN THIS PLAN.

The undersigned understands that no benefits will be payable for expenses incurred as a result of a pre-existing condition (as defined in the policy) until coverage has been in effect under this plan for 12 consecutive months, or a shorter period of time, if required by law. I have read any Fraud Notice applicable to my state of residence on the reverse side of this application.

Employee Signature

Date

FRAUD WARNING NOTICES: (If the Applicant firm is located in a state where one of the fraud warning notices apply, please review the notice that applies to your state.)

Arkansas/Louisiana	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.
Colorado	It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a certificate holder or claimant for the purpose of defrauding or attempting to defraud the policy or certificate holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department regulatory agencies.
DC	It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and /or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.
Florida	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.
Kentucky/Ohio	I understand that any person who, with intent to defraud, or knowing that he or she is facilitating a fraud against an insurer, submits an application containing a false or deceptive statement is guilty of insurance fraud.
Maine	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefit.
New Jersey	Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
New Mexico/ Pennsylvania	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 materially 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.
Tennessee	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.