Cash Cancer Plan

Pays a cash benefit when first diagnosed with cancer

Underwritten by Kanawha Insurance Company, a Humana company

Humana Insurance Company or Kanawha Insurance Company is not affiliated with City Employees Club of Los Angeles

LACEA Insurance Services, Inc. CA DOI License #0898000

City Employees Club of Los Angeles
311 S. Spring Street
Suite 1300
Los Angeles, CA 90013-9844
(800) 464-0452
www.cityemployeesclub.com

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**APPLICATION FOR FIRST DIAGNOSIS CANCER**

**APPLICATION NUMBER**

210 South White Street, PO Box 610
Lancaster, SC  29721-0610

**HOME OFFICE USE ONLY**

**POLICY NUMBER:**

**POLICY DATE:**

**PERSONS PROPOSED FOR COVERAGE (Print)**

- **SEX**
- **BIRTHDATE**
- **SOCIAL SECURITY NUMBER**

**PROPOSED INSURED'S INFORMATION**

**PAYOR INFORMATION (if different from Proposed Insured)**

**PROPOSED INSURED'S EMPLOYER & DATE OF EMPLOYMENT**

**BILLING INFORMATION**

**PAYOR INFORMATION (if different from Proposed Insured)**

**PLAN TYPE**

**APPLICATION FOR COVERAGE (Print)**

210 South White Street, PO Box 610

**APPLICATION NUMBER**

210 South White Street, PO Box 610

**AGENT'S CERTIFICATION**

**AGENT'S SIGNATURE**

**DATE**

**California law prohibits an HIV test from being required or used by health insurance companies as a condition of obtaining health insurance coverage.**

**CURRENT INSURANCE**

- **Will this policy replace any existing coverage?**
  - ❑ Yes
  - ❑ No

**PROPOSED INSURED'S REPRESENTATION AND AGREEMENT**

I hereby represent to Kanawha Insurance Company to the best of my knowledge, information and belief:

1. No person to be insured under this policy has now or ever been medically diagnosed as having or been treated by a physician for internal cancer, melanoma, leukemia, Hodgkin's Disease, malignant growth, Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex except

   [Write "none," if none]

2. I agree the policy will not be effective until it has actually been issued and received; and understand no benefits are payable for a diagnosis of cancer in the first 30 days after the policy effective date.

3. I understand any person who, with intent to defraud or knowing he/she is facilitating a fraud against any insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

4. Are you presently covered under an individual or group policy that arranges or provides medical, hospital and surgical coverage not designed to supplement other private or governmental plans?

   - ❑ Yes
   - ❑ No

**Signed at __________________________ Proposed Insured's Signature (Parent or Guardian if child(ren) only coverage)**

**City and State**

**Proposed Insured's Signature (Parent or Guardian if child(ren) only coverage)**

**California law prohibits an HIV test from being required or used by health insurance companies as a condition of obtaining health insurance coverage.**

**AGENT'S CERTIFICATION**

I certify any information recorded by me on this application is true and accurate to the best of my knowledge and belief.

I have received from ____________________________ the sum of $______________ being payment of ___________ month(s) premium.

**Will this insurance replace any existing coverage?**

- ❑ Yes
- ❑ No

**Agent’s Signature**

**Date**

**Agent # Print Agent’s Name Agent # Print Agent’s Name**

**Comm. % Split Agent’s Phone State License No. Comm. % Split Agent’s Phone State License No.**

**Comm. % Split**

** Comm. % Split**

**Agent’s Phone**

**State License No.**

**Comm. % Split**

**Comm. % Split**

**Agent’s Phone**

**State License No.**

**PLAN TYPE**

- ❑ Individual (adult or child)
- ❑ Family (2 parents and all children)
- ❑ Single parent (parent and all children)
- ❑ Children only (use single parent rate)

**APPLICATION FOR COVERAGE (Print)**

210 South White Street, PO Box 610
Discount tickets through THE CLUB STORE
• Buy tickets by phone, mail, or by visiting the Club website at www.cityemployeesclub.com
• Theme parks and attractions
• Movies – most major screens
• Plays, musicals, the arts, sports events

More discounts and savings
• Enjoy exclusive Club savings from Club partner businesses
• Monthly Alive! newspaper
• Births, weddings, retirements, deaths
• Free classifieds
• Retiree’s Corner
• News that matters
• Department of the month
• Opinion column, movie reviews
• Latest Club information

More benefits
• Free notary service
• Scholarships
• Employee of the Year Award
• Group-rated insurance products
• Term Life Insurance
• Long-term Disability
• Short-term Disability Insurance
• Long-term Care Insurance
• Cancer Insurance
• Critical Care Insurance
• Accidental Death & Dismemberment Insurance
• Auto and Homeowners Insurance
• The famous Refund Check
• Family Legal Protection Plan
• Pet Insurance
• Accident Insurance

As a Club member you will receive all Club benefits for a payroll deduction of only $4.50 per month (active employee) or $2.50 per month (retired). By signing the Payroll Deduction Authorization (below) you authorize these monthly deductions.

*Membership fees may change from time-to-time.

Controller–City of Los Angeles, or
Fire and Police Pension, or
City Employees Retirement System, or
Paymaster–Department of Water and Power

I hereby authorize the deduction from my salary or pension of amounts sufficient to cover premiums/membership fees on any of my group benefits provided by City Employees Club of Los Angeles. In the event any premiums should change due to age, increase in salary or benefits, or a general rate increase for the entire Association, I authorize you to make such change in accordance with the monthly subscription charges due to Club. I agree to attend and participate in all meetings of the members of the Association. I understand that the Association will make available to me a monthly subscription of the monthly newspaper. I agree to receive the subscription and other benefits of the Association.

Find out more about the Club and all its benefits:
www.CityEmployeesClub.com
Cancer
Means a disease manifested by the presence of a malignant tumor characterized by the uncontrolled growth and spread of malignant cells, the invasion of tissue, Hodgkin’s disease, or leukemia. Premalignant conditions, conditions with malignant potential, or skin cancer other than malignant melanoma are not to be construed as cancer in interpreting the policy.

Waiting period
Cancer first diagnosed during the 30 days after the date of policy will not be covered.

Exceptions and limitations
The policy provides benefits only for first diagnosis of internal cancer or malignant melanoma. No benefit is payable for the diagnosis of any other disease, sickness, or incapacity.

Pre-existing condition limitation
No benefit is payable for a pre-existing condition for 12 months after the date of the policy.

This is a supplemental first diagnosis cancer benefit policy
It is not a substitute for hospital or medical expense insurance, a health maintenance organization (HMO) contract, or major medical expense insurance. This brochure provides a brief description of Policy Form 70160 2/98 CA (02). For complete information, please review the actual policy.

The expenses associated with cancer treatment, plus other related costs, can seem overwhelming to patients and their families even if they have health benefits. Humana’s cancer plan provides a onetime cash payment directly to you after diagnosis and pays in addition to any other benefits. Use the benefit for any purpose.

Onetime payment cash benefits
• You receive a onetime payment on first diagnosis of internal cancer or malignant melanoma
• No hospitalization or treatment required to receive payment of cash benefit
• Use the cash benefit for any purpose you choose
• Pays in addition to other insurance you may own
• Under the Federal Internal Revenue Code, you may be able to exclude benefits you receive from your income. Consult your tax advisor.

Plan features
Benefit Choices: $10,000 $20,000 $25,000 $30,000 $40,000 $50,000

Level benefits: Same amount for all covered family members, regardless of age.

Eligible ages: 0 – 64, use current age

Plan types:
• Individual (adult or child)
• Family (two parents and all children)
• Single parent (parent and all children)
  For two or more children only, use single parent

Premium payment periods:
• Paid up after 20 years
• Payable for life

Issue age premiums: Premiums do not increase with advancing age.

Guaranteed renewable: Coverage is renewable for life if premiums are paid on time. Policy will terminate once claims have been paid for all covered persons.

Free look period: Return policy within 30 days of receipt, and all premiums will be refunded.

Easy to apply: No medical exam, no physician statements, no telephone interview – just complete the application.

Why cancer insurance?
Consider this:
• Anyone can develop cancer, and the risk of being diagnosed with cancer increases with age
• In the United States, cancer accounts for nearly one of every four deaths

American Cancer Society, 2013 Cancer Facts & Figures

Indirect and out-of-pocket costs you may incur

Loss of income
• Patient and caregiver

Insurance and HMO shortfalls
• Deductibles and copayments
• Scheduled benefit limitations
• Costs considered excessive
• Doctors, hospitals, cancer centers outside managed care program
• Treatments considered experimental

Loss of assets
• Depleted savings
• Real estate
• Personal property

Other indirect costs
• Home healthcare
• Transportation expenses to and from doctors and treatment facilities
• Food and lodging if treatment is out of town
• Childcare

Normal living expenses
• Mortgage payments or rent
• Car payments
• Utility bills
• Groceries and household items
• Credit card payments

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