

The United States Life Insurance Company

Educator's \$1,000,000 Catastrophic Major Medical Insurance Plan

Enrollment Form

Instructions:

Fill out the enrollment form on-line, print out, sign and mail to:

Forrest T. Jones Consulting Company

P.O. Box 418131

Kansas City, MO 64141-9131

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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Premium mode desired	Annual	Semiannual	Quarterly
Choose your deductible	\$25,000	\$50,000	

If you are not filling this out on-line, please print or type.

Name _____ Birthdate _____

Address _____ SSN _____

City _____ State _____ ZIP _____

Phone: Day _____ Evening _____

Association name: _____

If family coverage is desired, please list below:

Spouse _____ Birthdate _____

Child _____ Birthdate _____

Child _____ Birthdate _____

Child _____ Birthdate _____

I understand that this plan will not pay benefits during the first 12 months after the effective date for an injury or sickness I or any proposed insured(s) now have, or have had in the past six months.

Signature of member _____ Date _____

Signature of spouse (if applying) _____ Date _____

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