

MASTER APPLICATION FOR GROUP CRITICAL ILLNESS INSURANCE

Application is hereby made to:



CONTINENTAL AMERICAN INSURANCE COMPANY

P.O. Box 427, Columbia, SC 29202

By Pilot Point ISD
Full Legal Name of Proposed Policyholder

Of Pilot Point, TX
City and State in which the Master Policy will be Issued (situs state)

Including (if applicable) _____
(any Subsidiaries/Affiliates/Divisions)

For a Plan of Group Critical Illness Insurance. Representations are made as follows:

1. **Application Reason:** New Policy Change to Existing Policy # _____

2. **Eligible Classes for Coverage:**

- Regular full-time Employees at least age 18
- Spouses of eligible Employees at least age 18

Other: _____

Eligibility Requirements:

A full-time Employee is one who works 20 hours or more per week. An Employee must be Actively at Work on the date he applies for coverage and on the date his Group Critical Illness Insurance becomes effective. An Employee must complete 0 months of continuous service to be eligible for coverage.

3. Number of eligible Employees: 225

4. The minimum number of enrolled Employees necessary to keep the Group Policy in force: 25 Approved Payors

5. The requested coverage effective date for the Group Policy: 09-01-2020

6. **Coverage Requested:**

- Group Critical Illness **Series: C21000**
- With Cancer: yes Skin Cancer Benefit: yes With Health Screening Benefit: yes

7. **Optional Features:**

- Optional Benefits Rider Childhood Conditions Rider Progressive Diseases Rider
- Specified Disease Rider Additional Benefits Rider

Will this Group Critical Illness Policy replaced any existing Group Critical Illness Policy?

- Yes No

If yes, please provide carrier and policy number: _____

If this coverage will replace any existing Aflac individual policy please be aware that it may be in the insureds' best interest to maintain their individual guaranteed-renewable policy with Aflac via direct bill. Insureds may contact Aflac for an explanation of their options for both continuation or cancellation of any existing coverage.

8. **General Agreement:**

The applicant agrees to transmit the total premiums under the group policy to Continental American Insurance Company at its Home Office when due. The applicant agrees to accept the terms and provisions of the group policy, including its exhibits, riders, endorsements or amendments, if any. No agent or other person except an officer of the Company can make or change any contract or agreement on behalf of Continental American Insurance

Company.

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.

Representative of the Policyholder (Signature)	Date (Printed Name)
Title	State of Signature