Cash Cancer Plan



No one plans to get cancer. Be prepared if it happens to you.



Humana Financial Protection Products

Cash Cancer Plan



Ensure financial peace of mind for you and your family.

One out of every two men and one out of every three women will get cancer.* That's a fact that should make you think. But instead of worrying, why not prepare? Humana's **Cash Cancer Plan** is a cancer insurance policy that pays cash to you, or your designee, to help with unexpected, out-of-pocket expenses.

If you or a member of your family is diagnosed with a covered cancer,** you'll receive a cash payment to use however you want. For instance, use it to help with:

- ✓ An unexpected loss of income
- ✓ Travel to national cancer centers
- ✓ Trial or experimental treatments
- ✓ Personal home care and household expenses

Cash Cancer Plan Features

Choice of	Who's Cove	ered						
Individual – Single Parent – Family								
Benefit A	mount							
\$10,000	\$20,000	\$25,000	\$30,000	\$40,000	\$50,000			
Two Paym	ent Metho	ds						
Pay premiu or until clai	ms for life of m is filed.	the policy	Pay premiums for 20 years (without lapse). Coverage continues with no additional premiums required.					

Cash Cancer Plan is Kanawha Insurance Company policy Form 70130 MD and optional rider policy Form 70145 MD. Limitations and exclusions apply. The benefits and riders offered are supplemental and not intended to cover all medical expenses. Please see actual policy for complete details. Humana's Cash Cancer Plan is for protection in the event you are diagnosed with cancer in the future. Please do not apply for this plan if you have ever been diagnosed with cancer. No benefit is payable for a pre-existing condition within the first 24 months of policy issuance. Underwritten by Kanawha Insurance Company – a member of the Humana family of companies.

* Source: Cancer Facts & Figures 2009, American Cancer Society.

** Covered cancer means first diagnosis and does not include skin cancer other than malignant melanoma.

Optional Return of Premium and Cash Value Rider

If there are no claims during the term of the rider, premiums will be refunded if the premiums are paid according to the following schedule:

- If the policy is issued when you're age 18-64, and you make no claims after 20 years of coverage, 100% of your premiums will be refunded.
- If the policy is issued when you're age 65-69, and you make no claims after 10 years of coverage, 50% of your premiums will be refunded.

Cash values begin at end of fifth Policy Year. Upon lapse, proof of death or request to surrender Policy, you will receive the Cash Value Surrender Benefit if no First Diagnosis Cancer Benefit has been paid.



Application for Cash Cancer Plan Kanawha Insurance Company



PLEAS	E INDICATE: O NEW COVERAGE O CHANGE TO EXISTING COVERAGE	
t)	Person Proposed for Coverage (First Name, MI, Last Name)	Suffix
e Prir		
(Please	Birthdate (MM/DD/YYYY) Social Security Number Image: Address (Structure R.P.) Image: Address (Structure R.P.)	○ Female
sured	Address (Street or R.R.)	
Proposed Insured (Please Print)	City State ZIP Code Home Telephone Image: City Image: City Image: City Image: City Image: City	-
Propo	Have you used Tobacco in any form in the last 12 months? \bigcirc Yes \bigcirc No	
	Spouse Name (First Name, MI, Last Name) (If proposed for coverage)	Suffix
lse	Birthdate (MM/DD/YYYY) Social Security Number	
Spouse	/ / / Gender O Male	O Female
	Have you used Tobacco in any form in the last 12 months? O Yes O No	
e	Child Name (First Name, MI, Last Name) (If proposed for coverage)	Suffix
Child One		
hilc	Birthdate (MM/DD/YYYY) Social Security Number	
	/ / / Gender O Male	○ Female
0	Child Name (First Name, MI, Last Name) (If proposed for coverage)	Suffix
Child Two		
ild	Birthdate (MM/DD/YYYY) Social Security Number	
Ъ	/ / Gender O Male	○ Female
(e)	Child Name (First Name, MI, Last Name) (If proposed for coverage)	Suffix
Thre		
Thre		
hild Thre	Birthdate (MM/DD/YYYY) Social Security Number	• Female
Child Three	Birthdate (MM/DD/YYYY) / /	• Female
	Gender O Male	• Female

Kanawha Insurance Company is a member of the Humana family of companies

Suffix Orgence of the Name, NI, Last Name) (If proposed for coverage) Suffix Birthdate (MM/DD/YYYY) Social Security Number Gender Male Female Benefit (addit or child) Famity (2 parents and all children) Complete Sandou (addit or child) Social Security Number Famity (2 parents and all children) Famity (2 parents and all children) Famity (2 parents and all children) Complete Sandou (addit or child) Social Security Number Famity (2 parents and all children) Complete Sandou (addit or child) Social Card (addit or child) Social Security Number Famity (2 parents and all children) Complete Sandou (addit or child) Social Card (addit or child) Social Security Number Famity (2 parents and all children) Complete Sandou (addit or child) Social Card (addit or child) Complete Sandou (addit or child) Social Card (addit or child) Complete Sandou (addit or child) Constraint or child (addit or child) Contact (addit or child) C	•							
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crime and may be subject to fines and confinement in prison.								
City State								
City State								
		Signed At						
Signature of Proposed Insured/Owner Date (MM/DD/YYYY)		City State						
Signature of Proposed Insured/Owner Date (MM/DD/YYYY)				/	1			
		Signature of Proposed Insured/Owner	Date (M	M/DD/\	(YYY)			

	Payor Information (First, MI, Last Name) (If different than the Proposed Insured)	Suffix
	Social Security Number	
Payor Information		
Ē	Address (Street or R.R.)	
Info		
P	City State ZIP Code	
Pay		
	AUTHORIZATION FOR AUTOMATIC PAYMENT BY BANK DRAFT	
(성	Name of Depositor (First, MI, Last Name) (Attach Voided Check)	Suffix
Che		
ided		
2	Route & Transit Number Account Number	
Attach Voided Check	Bank Name and Address	
_		

Debit on the day of the month (1-28 only; 29, 30, 31 not available). If no election is made, debits will be made on the day of Policy.

As a convenience to me, I request and authorize **KANAWHA INSURANCE COMPANY** to make deductions automatically every payment period for payments of premiums from my: O savings account O checking account

- 1. Each debit shall constitute proper notice of premium due and will be made on the day selected above or, if no day is selected, the day of Policy.
- 2. This Authorization shall not become effective unless and until the coverage is issued.
- 3. This Authorization shall not be construed as modifying any provisions of the coverage.
- 4. Kanawha shall not incur any liability if a draft is returned unpaid by the bank. Drafts which do not clear within the time stipulated in the Policy for payment of premium shall constitute nonpayment of premiums and coverage shall lapse subject to nonforfeiture provisions.
- 5. This Authorization may be discontinued by Kanawha or by the Undersigned at any time within FIVE (5) business days prior to the debit date. Upon termination of this Authorization, the premiums on the Policy covered will be payable annually.
- 6. Kanawha will notify me TEN (10) days prior to any changes in payment amounts.

Signature of Depositor Date (MM/DD/YYYY)			1			1				
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CREDIT CARD INFORMATION

rmation	Credit Card Number	Expiration Date (MM/YY)	Card Type Visa OMastercard
Infor	3 or 4-digit security code found on the back of most car	ds:	
Holder	Signature of Card Holder	Date (MM/DD/YYYY)	
p	Name as it appears on the credit card statement. Card Holder (First Name, MI, Last Name)	(If different from Proposed Insu	red) Suffix
Саі			

All charges will be made on the day of Policy.

As a convenience to me, I request and authorize **KANAWHA INSURANCE COMPANY** to charge my credit card every payment period for payment of premiums.

- 1. Each charge shall constitute proper notice of premium due.
- 2. This Authorization shall not become effective unless and until the Policy is issued.
- 3. This Authorization shall not be construed as modifying any provisions of the Policy.
- 4. Kanawha shall not incur any liability if the credit card company does not honor the charge and the Policy shall lapse subject to nonforfeiture provisions.
- 5. This Authorization may be discontinued by Kanawha or by the undersigned at any time within FIVE (5) business days prior to the payment date. Upon termination of this Authorization, premiums for the Policy will be payable annually.
- 6. Kanawha will notify me TEN (10) days prior to any changes in payment amounts.

Cignoture	~f	Cand	Laldon
Signature	OI.	Caru	noiuer

Date (MM/DD/YYYY)

INSURANCE PRODUCER'S USE

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

Signature of Licensed Insura			
Insurance Producer Number	% Credit	Insurance Producer Number % Credit	Insurance Producer Number % Credit

1

Date (MM/DD/YYYY)

