

Cash Cancer Plan



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

HUMANA
Guidance when you need it most

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 Covered					
Individual – Single Parent – Family					
Benefit Amount					
\$10,000	\$20,000	\$25,000	\$30,000	\$40,000	\$50,000
Two Payment Methods					
Pay premiums for life of the policy or until claim is filed.			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.

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Child Four

Child Name (First Name, MI, Last Name) (If proposed for coverage) Suffix

Birthdate (MM/DD/YYYY) Social Security Number

Gender Male Female

BENEFIT SECTION

Plan Type Individual (adult or child) Single Parent (parent and all children)
 Family (2 parents and all children) Children Only (use single parent rate)

Benefit \$10,000 \$20,000 \$25,000 \$30,000 \$40,000 \$50,000

Payment Period Lifetime Payment Payment for 20 years **Return of Premium** Yes No

Payment Method Bank Draft Credit Card Direct Bill/Check (Annual Billing Only)
 (Complete Bank Draft or Credit Card Authorization.)

Payment Mode Monthly Semi-annual Annual

Total Modal Premium \$.

(Total modal premium must accompany application)

PROPOSED INSURED'S REPRESENTATION AND AGREEMENT

I hereby represent to Kanawha Insurance Company to the best of my knowledge, information and belief:
 All answers provided are representations and are not warranties.

	Proposed Insured	Spouse	Child 1	Child 2	Child 3	Child 4
	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
1. Within the last 7 years, has any Proposed Insured 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, or tested positive for the Human Immunodeficiency Virus (HIV)?.....	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>
2. Will this policy replace any existing coverage?..... If "Yes", list company name, insured, and policy number.	<input type="radio"/> <input type="radio"/>					

3. I agree the policy will not be effective until it has actually been issued and understand no benefits are payable for a diagnosis of cancer in the first 30 days after the policy effective date.						
4. I understand no Insurance Producer has the authority to waive the answer to any question in this Application, to waive any of the Company's rights or requirements or to make or alter any contract.						
5. I understand any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.						

Signed At _____ State

City

 Signature of Proposed Insured/Owner

/ /

Date (MM/DD/YYYY)

