

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.		

Optional Return of Premium 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 Cancer Plan is Kanawha Insurance Company policy Form 70130 MT and optional rider policy Form 70140. 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 12 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.

PLEASE INDICATE: NEW COVERAGE CHANGE TO EXISTING COVERAGE

Proposed Insured (Please Print)	Person Proposed for Coverage (First Name, MI, Last Name)											Suffix				
	Birthdate (MM/DD/YYYY)	/				Social Security Number	-					Gender	<input type="radio"/> Male	<input type="radio"/> Female		
	Address (Street or R.R.)															
	City															
	State		ZIP Code		Home Telephone		()		-			
	Have you used Tobacco in any form in the last 12 months? <input type="radio"/> Yes <input type="radio"/> No															

Spouse	Spouse Name (First Name, MI, Last Name) (If proposed for coverage)											Suffix		
	Birthdate (MM/DD/YYYY)	/				Social Security Number	-					Gender	<input type="radio"/> Male	<input type="radio"/> Female
	Have you used Tobacco in any form in the last 12 months? <input type="radio"/> Yes <input type="radio"/> No													

Child One	Child Name (First Name, MI, Last Name) (If proposed for coverage)											Suffix		
	Birthdate (MM/DD/YYYY)	/				Social Security Number	-					Gender	<input type="radio"/> Male	<input type="radio"/> Female

Child Two	Child Name (First Name, MI, Last Name) (If proposed for coverage)											Suffix		
	Birthdate (MM/DD/YYYY)	/				Social Security Number	-					Gender	<input type="radio"/> Male	<input type="radio"/> Female

Child Three	Child Name (First Name, MI, Last Name) (If proposed for coverage)											Suffix		
	Birthdate (MM/DD/YYYY)	/				Social Security Number	-					Gender	<input type="radio"/> Male	<input type="radio"/> Female

Child Four

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

Suffix

Grid for child name and suffix

Birthdate (MM/DD/YYYY)

Social Security Number

Birthdate input fields

Social Security Number input fields

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. Annual fee of \$12.00 applies to credit card billing.)

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:

Table with 7 columns: Proposed Insured, Spouse, Child 1, Child 2, Child 3, Child 4. Contains 5 questions regarding medical history, existing coverage, and policy terms.

Signed At _____ City _____ State [] []

Signature of Proposed Insured/Owner

[] [] / [] [] / [] [] [] []
Date (MM/DD/YYYY)

