

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 and optional rider policy Form 70140. Benefits may vary by state and may not be approved in all states. 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.



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)

Payor Information	Payor Information (First, MI, Last Name) (If different than the Proposed Insured)		Suffix
	<input type="text"/>		<input type="text"/>
	Social Security Number		
	<input type="text"/> - <input type="text"/> - <input type="text"/>		
	Address (Street or R.R.)		
<input type="text"/>			
City		State	ZIP Code
<input type="text"/>		<input type="text"/>	<input type="text"/>

AUTHORIZATION FOR AUTOMATIC PAYMENT BY BANK DRAFT

Attach Voided Check	Name of Depositor (First, MI, Last Name) (Attach Voided Check)		Suffix
	<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>
	Route & Transit Number		Account Number
Bank Name and Address		<input type="text"/>	
<hr/>			

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: savings account 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) / /

CREDIT CARD INFORMATION

Card Holder Information	Credit Card Number	Expiration Date (MM/YY)	Card Type
	<input style="width: 150px; height: 25px;" type="text"/> <input style="width: 150px; height: 25px;" type="text"/> <input style="width: 150px; height: 25px;" type="text"/> <input style="width: 150px; height: 25px;" type="text"/>	<input style="width: 40px; height: 25px;" type="text"/> / <input style="width: 40px; height: 25px;" type="text"/>	<input type="radio"/> Visa <input type="radio"/> Mastercard
	3 or 4-digit security code found on the back of most cards:	<input style="width: 60px; height: 25px;" type="text"/>	
	Signature of Card Holder _____	Date (MM/DD/YYYY) <input style="width: 40px; height: 25px;" type="text"/> / <input style="width: 40px; height: 25px;" type="text"/> / <input style="width: 60px; height: 25px;" type="text"/>	
Name as it appears on the credit card statement. (If different from Proposed Insured)			
Card Holder (First Name, MI, Last Name)			Suffix
<input style="width: 150px; height: 25px;" type="text"/> <input style="width: 20px; height: 25px;" type="text"/> <input style="width: 300px; height: 25px;" type="text"/>			<input style="width: 40px; height: 25px;" type="text"/>

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.

- Each charge shall constitute proper notice of premium due.
- This Authorization shall not become effective unless and until the Policy is issued.
- This Authorization shall not be construed as modifying any provisions of the Policy.
- 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.
- 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.
- Kanawha will notify me TEN (10) days prior to any changes in payment amounts.

Signature of Card Holder _____ 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.

Date (MM/DD/YYYY)

/ /

Signature of Licensed Insurance Producer _____

Insurance Producer Number	% Credit	Insurance Producer Number	% Credit	Insurance Producer Number	% Credit
<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 30px; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 30px; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 30px; height: 25px;" type="text"/>
<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 30px; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 30px; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 30px; height: 25px;" type="text"/>
<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 30px; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 30px; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 30px; height: 25px;" type="text"/>