



Republic Underwriters, Inc.

CANCER COVERAGE – INDIVIDUAL & FAMILY

PEACE OF MIND WHEN YOU NEED IT MOST...



You will receive benefit checks regardless of other existing plans on programs you have.

All benefit checks are issued in your name and sent directly to you.

IN- HOSPITAL CONFINEMENT

SURGERY

EXTENDED HOSPITAL STAYS

BLOOD & PLASMA

RADIATION & CHEMOTHERAPY BENEFIT

AMBULANCE

MEDICINE & DRUGS

PHYSICIAN SERVICES

NURSING SERVICES BENEFITS

TRANSPORTATION BENEFIT

SURVIVOR BENEFIT

LOW SEMI-ANNUAL PREMIUMS

INTENSIVE CARE OPTION AVAILABLE

To Signup today complete the Enrollment Form on the reverse side of this flyer and mail it along with your payment to our office.

Important Questions & Answers

Q: If there is a history of cancer in my family, can I still purchase the protection?

A: Yes. The group premiums shown on the Enrollment Form apply to all members. However, you or any member of your family who now has or who has ever had cancer of any form will be excluded from coverage.

Q: What are the Limitations and Exclusions of this policy?

A: Benefits are paid only for the definitive treatment of cancer which is first diagnosed more than 60 days after the effective date of coverage. Positive pathological proof of cancer is required. Treatment of other diseases or accidents is not covered with the exception of the intensive care option which pays applicable benefits for confinement due to any illness. Nor does the policy cover expenses in connection with medical care not recommended and approved or performed by a physician; hospital confinement for which an insured is not legally required to pay in the absence of insurance, or to which he is entitled or obtains without charge by law.

Q: How long may I keep my coverage?

A: There is no age termination. You may keep your coverage as long as you pay your premiums, and the plan remains in force. Coverage for your spouse, and dependent children will terminate whenever they cease to be eligible dependents.

Q: Are benefits paid directly to me or the hospital?

A: All benefit checks are drawn in your name and sent directly to you. You alone determine how to use them.

Q: Will this plan pay even if I have other insurance?

A: Yes. You will receive benefit checks regardless of other existing plans or programs you have.

Q: If I am hospitalized more than once during a year, how are benefits paid?

A: If you return to the hospital within 30 days of your discharge, your next stay will be considered a continuation of your previous confinement. If you return to the hospital after 30 days or more, your next confinement will be considered a new confinement, and your hospital benefits start all over again.

Q: Is there any limit on the length of confinement?

A: No. Benefits will be paid to you for as long as your or a member of your insured family is confined in the hospital, up to the lifetime maximum benefit per insured which is \$250,000.



ENROLLMENT FORM

Please Print:

Name _____ Address _____ City _____

State _____ Zip _____ Date of Birth ____/____/____ Social Security No. _____ Sex Male ____ Female ____
(Last 4 digits only)

Phone Number _____ Group Name _____

NOTICE: The following question must be answered: Do you understand that the company will not pay benefits for the definitive treatment of cancer diagnosed within 60 days following the effective date of coverage? _____ Yes _____ No

I Hereby represent that to the best of my knowledge, information, and belief, no person to be insured under this policy has now or has ever had cancer in any form except _____ who is excluded from coverage on this policy.

Signature _____ Date _____

*NOTE: These are **SIX MONTH PREMIUMS** and Include a \$2.50 Semi-Annual Membership Fee*

Member ONLY <input type="checkbox"/>	Basic Cancer Plan	\$40.40*
	Basic Cancer Plan with Intensive Care Option	\$52.40*
Member <input type="checkbox"/>	Basic Cancer Plan	\$58.40*
and Family	Basic Cancer Plan with Intensive Care Option	\$81.32*

Amount of Check Enclosed \$ _____

Make Check Payable to: Republic Underwriters, Inc.

This plan is not available at this time to residents of CT, FL, MA, MN, NJ, NY, OR, SC, and UT.



You may pay also by Visa, MasterCard or Discover by completely filling out the information below:

Name as it appears on your card: _____

Billing Address of credit card (if different from above) _____

Card Number: _____ CVV2#(last 3 digits on back of card) _____

Expiration Date: _____ Signature: _____

By signing above, I agree to the following terms: I agree for Republic Underwriters, Inc. to charge my credit card to make my entire payment.

Note: You can charge up to the amount shown on the Enrollment Form. The amount will be charged on a regular basis on or about the due date. It is not necessary for the Company to notify me when this is done. Any requirement for giving notice due shall be waived as long as this payment plan is in effect. No payment or portion thereof shall be deemed to have been paid unless and until the Company received actual payment at its home office. This payment shall in no way alter or amend the provisions of the policy and no one other than the policyholder and his assignees will have any interest in the policy. This payment plan shall continue in effect until terminated by the Company or by me. In addition the Company may terminate this payment plan immediately if any charge is dishonored upon presentation.

Mail Enrollment Form to:

Republic Underwriters, Inc. • P. O. BOX 1197 • TROY, MICHIGAN 48099-1197

For Additional Information Call 1-800-248-0438 EXT. 1015