

## COLORADO

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Cafeteria Plan  
☐ Yes    ☐ No

Payroll Deduction (Frequency)  
☐ Weekly      ☐ Bi-Weekly  
☐ Monthly      ☐ Semi-Monthly

☐ Employee Only  
☐ Spouse Only  
☐ Family

Accident Indemnity  
Policy UA-250

Payroll Deduction Amount

\$  ,    .

☐ Employee Only

☐ Spouse Only

☐ Employee and Children

☐ Employee, Spouse and Children

- Policy CANB (\$10,000 - \$50,000)
- Policy CAXC (\$100 or \$200)

Benefit Amount      Payroll Deduction Amount

\$   ,    \$  ,    .

☐ Employee Only

☐ Spouse Only

☐ Employee with Spouse

Policy CILS  
(\$10,000 - \$50,000)

Benefit Amount      Payroll Deduction Amount

\$   ,    \$  ,    .

Employee      ☐ Term Payable for Life  
☐ Smoker      ☐ Term Paid Up at Age 65  
☐ Non-Smoker      ☐ Renewable Term to 70

Critical Illness Rider  
☐ 100% ☐ 50%

Benefit Amount Payroll Deduction Amount

\$     ,    \$  ,     .

Spouse \*      ☐ Term Payable for Life  
☐ Smoker      ☐ Term Paid Up at Age 65  
☐ Non-Smoker      ☐ Renewable Term to 70

Critical Illness Rider  
☐ 100%   ☐ 50%

\$ 

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 \$ 

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Dependent child(ren) 0-23\*

Child Term Rider

☐ \$5,000      \$ 

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☐ \$10,000

\* Not eligible for Cafeteria Plan

Total Payroll Deduction \$  ,    .

[illegible]

M.I.

Height (ft. in.)			
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[illegible]

☐ Male

☐ Female

Weight (lbs.)			
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[illegible][illegible]

Birth State   Date of Birth (mm-dd-yyyy)   -   -     SS #    -   -

Employee # 

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 Date of Employment 

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[illegible]

E-mail Address of Employee/Applicant

Employer (Location)

Best time to call:

☐ 8 AM - Noon

☐ Noon - 6 PM

☐ 6 PM - 9 PM

Home Phone No.				-				-			
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Work Phone No. 

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I, the agent, have personally  
seen this person. ☐ Yes ☐ No



**APPLICATION FOR INSURANCE \* UNITED AMERICAN INSURANCE COMPANY**  
**A LEGAL RESERVE STOCK COMPANY \* ADMINISTRATIVE OFFICE: MCKINNEY, TX**

**COLORADO**

<b>Spouse</b>	<div style="border: 1px solid black; height: 1.2em; width: 100%;"></div>	M.I.	<input type="radio"/> Male	Height	<div style="border: 1px solid black; width: 20px; height: 1.2em;"></div>
First Name	<div style="border: 1px solid black; height: 1.2em; width: 100%;"></div>		<input type="radio"/> Female	(ft. in.)	<div style="border: 1px solid black; width: 20px; height: 1.2em;"></div>
Last Name	<div style="border: 1px solid black; height: 1.2em; width: 100%;"></div>			Weight	<div style="border: 1px solid black; width: 20px; height: 1.2em;"></div>
Age	Birth State <div style="border: 1px solid black; width: 20px; height: 1.2em;"></div>	Date of Birth (mm-dd-yyyy)	I, the agent, have personally seen this person. <input type="radio"/> Yes <input type="radio"/> No		
Spouse's Occupation	<div style="border: 1px solid black; height: 1.2em; width: 100%;"></div>				

  

<b>Child 1</b>	<div style="border: 1px solid black; height: 1.2em; width: 100%;"></div>	M.I.	<input type="radio"/> Male	Height	<div style="border: 1px solid black; width: 20px; height: 1.2em;"></div>
First Name	<div style="border: 1px solid black; height: 1.2em; width: 100%;"></div>		<input type="radio"/> Female	(ft. in.)	<div style="border: 1px solid black; width: 20px; height: 1.2em;"></div>
Last Name	<div style="border: 1px solid black; height: 1.2em; width: 100%;"></div>			Weight	<div style="border: 1px solid black; width: 20px; height: 1.2em;"></div>
Age	Date of Birth (mm-dd-yyyy)	I, the agent, have personally seen this person. <input type="radio"/> Yes <input type="radio"/> No			

  

<b>Child 2</b>	<div style="border: 1px solid black; height: 1.2em; width: 100%;"></div>	M.I.	<input type="radio"/> Male	Height	<div style="border: 1px solid black; width: 20px; height: 1.2em;"></div>
First Name	<div style="border: 1px solid black; height: 1.2em; width: 100%;"></div>		<input type="radio"/> Female	(ft. in.)	<div style="border: 1px solid black; width: 20px; height: 1.2em;"></div>
Last Name	<div style="border: 1px solid black; height: 1.2em; width: 100%;"></div>			Weight	<div style="border: 1px solid black; width: 20px; height: 1.2em;"></div>
Age	Date of Birth (mm-dd-yyyy)	I, the agent, have personally seen this person. <input type="radio"/> Yes <input type="radio"/> No			

  

<b>Child 3</b>	<div style="border: 1px solid black; height: 1.2em; width: 100%;"></div>	M.I.	<input type="radio"/> Male	Height	<div style="border: 1px solid black; width: 20px; height: 1.2em;"></div>
First Name	<div style="border: 1px solid black; height: 1.2em; width: 100%;"></div>		<input type="radio"/> Female	(ft. in.)	<div style="border: 1px solid black; width: 20px; height: 1.2em;"></div>
Last Name	<div style="border: 1px solid black; height: 1.2em; width: 100%;"></div>			Weight	<div style="border: 1px solid black; width: 20px; height: 1.2em;"></div>
Age	Date of Birth (mm-dd-yyyy)	I, the agent, have personally seen this person. <input type="radio"/> Yes <input type="radio"/> No			

**LIFE & CRITICAL ILLNESS (CONTINGENT GUARANTEE ISSUE)**

☐ CHECK THIS BOX ONLY IF THE EMPLOYER IS APPROVED FOR CONTINGENT GUARANTEE ISSUE.

1. During the past three (3) months, except for minor illness of one (1) week or less or pregnancy, has any illness, injury or health related problem prohibited any Proposed Insured from working full time at his/her regular occupation or performing the normal activities of a person of the same age?
2. Has any Proposed Insured been diagnosed or treated by a member of the medical profession as having Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC) or HIV infection?
3. Has any Proposed Insured ever been diagnosed as having a terminal illness including kidney failure or Alzheimer's?
4. During the past ten (10) years, has any Proposed Insured been advised to take tests for cancer and not done so, or not received the results, been diagnosed as having, or received treatment for cancer (other than non-melanoma skin cancer or Carcinoma in Situ)?
5. Within the past five (5) years has the Proposed Insured been advised to take tests and not done so, or not received the results, been diagnosed as having, or received treatment for a disease or disorder of the heart, arteries or circulatory system including heart attack, uncontrolled high blood pressure (unstable readings or frequent medication) or stroke?
6. Has the Proposed Insured ever been treated for loss of hearing or loss of sight?

**If any Proposed Insured answered "Yes" to question 6, the critical illness policy may be issued; however, benefits for loss of hearing or loss of sight will be excluded.**

APPLICANT YES/NO	SPOUSE YES/NO	CHILD 1 YES/NO	CHILD 2 YES/NO	CHILD 3 YES/NO
<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"/>
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<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"/>



**ADDITIONAL QUESTIONS FOR SIMPLIFIED ISSUE LIFE & CRITICAL ILLNESS**

	APPLICANT YES/NO	SPOUSE YES/NO	CHILD 1 YES/NO	CHILD 2 YES/NO	CHILD 3 YES/NO
7. During the past three (3) years, has any Proposed Insured been treated for, taken medication for, or been diagnosed as having:					
a. Cirrhosis of the liver, sickle-cell anemia, hemophilia, bone marrow or major organ transplant, or diabetes requiring treatment with insulin?	<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"/>
b. Emphysema, chronic obstructive pulmonary disease (COPD), or chronic lung disease?	<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"/>
c. Systemic lupus, Parkinson's disease, seizure disorder, epilepsy, or degenerative disease of the muscles, joints or nerves?	<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"/>
8. During the past three (3) years has any Proposed Insured:					
a. Had his/her driver's license suspended or revoked because of moving violation or been arrested for driving under the influence of alcohol or drugs?	<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"/>
b. Received treatment for alcohol abuse or been advised by a physician to reduce alcohol consumption?	<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"/>
c. Used or received treatment or consultation for heroin, cocaine or other similar agent or narcotic drug?	<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"/>
9. Has the Proposed Insured ever been diagnosed as having Down Syndrome, mental retardation or any type of brain disease or disorder?	<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"/>
<b>If any Proposed Insured answered "Yes" to any of questions 1-5 or 7-9, that person will not be covered under this life or critical illness policy.</b>					
10. During the past twelve (12) months, has any Proposed Insured smoked cigarettes, cigars or used any other tobacco products?	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>			

**CANCER**

	APPLICANT YES/NO	SPOUSE YES/NO	CHILD 1 YES/NO	CHILD 2 YES/NO	CHILD 3 YES/NO
11. Has any Proposed Insured ever been medically treated for, or told he/she had cancer?	<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"/>
12. Has any Proposed Insured been diagnosed or treated by a member of the medical profession as having Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC) or HIV infection?	<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"/>
13. During the past two (2) years, has any Proposed Insured been advised to take tests for cancer and not done so, or not received the results?	<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"/>
<b>If any Proposed Insured answered "Yes" to any of questions 11 - 13, that person will not be covered under the CANB policy.</b>					
14. During the past ten (10) years, has any Proposed Insured ever been medically tested for, or told he/she had cancer (other than non-melanoma skin cancer)?	<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"/>
<b>If any Proposed Insured answered "Yes" to question 13 and/or 14, that person will not be covered under the CAXC policy.</b>					
15. During the past five (5) years, has the Proposed Insured been medically treated for, or told he/she had non-melanoma skin cancer or pre-malignant lesion?	<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"/>
<b>If any Proposed Insured answered "Yes" to question 15, the CAXC policy may be issued: however, no benefits will be paid for non-melanoma skin cancer.</b>					



## COLORADO

APPLICANT YES/NO	SPOUSE YES/NO	CHILD 1 YES/NO	CHILD 2 YES/NO	CHILD 3 YES/NO
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If "Yes", no benefits will be provided for such participation.

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