

Please print in ink or type. Do not use correction fluid or gel pens. Initial and date any changes.

TO APPLY:

Send this completed application with your premium check payable to:
ASNE GROUP INSURANCE PROGRAM
P.O. BOX 10374
Des Moines, IA 50306-8812

QUESTIONS?

Call: 1-800-424-9883
customerservice.service@mercero.com

Are you now a member of American Society of Naval Engineers?

Yes No Membership # _____



Transamerica Premier Life Insurance Company

4333 Edgewood Road N.E.
Cedar Rapids, IA 52499

CANCER INSURANCE PLAN APPLICATION

FOR RESIDENTS OF CALIFORNIA ONLY

Yes. Enroll me in the cancer care plan.

Member: _____
Last First MI

Add 1: _____

Add 2: _____

City, St., Zip: _____

Member's Date of Birth ___/___/___ Gender Male Female

PHONE NUMBERS:

Home (____) _____

Work (____) _____

Fax (____) _____

1. Select your coverage:

Check one box:

Semiannual Premiums*

Member \$41.70

Family Coverage \$78.00

2. If, in addition to yourself, you are applying for family coverage, complete below as applicable.

Dependent Name	<u>DATE OF BIRTH</u>	<u>GENDER</u>
_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female
(name if proposed for insurance)		

_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female
(name if proposed for insurance)		

3. Please read, sign and date:

To the best of your knowledge and belief, have you or your dependents (if applying for dependent coverage) ever received treatment or been medically advised of Cancer (excluding Skin Cancer), Leukemia or Hodgkin's Disease during the last 5 years?

Yes No

(Treatment means medical and surgical care by a licensed provider to detect or cure Cancer. This includes examination, diagnostic procedures, surgery (including pre- and post-operative care), prescribed medication and the application of remedies and therapy. It does not include any diagnostic procedures or examinations performed to monitor a previous removal or remedy of Cancer, provided there is no positive diagnosis of Cancer or of a recurrence of Cancer.)

If you answered "Yes," please indicate the name(s) of the person(s) and their corresponding medical condition(s).

It is understood that any person listed above will not be eligible for coverage except any person listed with Skin Cancer. Any person listed with Skin Cancer will be eligible for coverage. Benefits, however, will not be payable for Skin Cancer during the first 6 months of coverage.

Your coverage will be effective on the first day of the month following acceptance of your application, provided your first premium is paid and you are not hospital-confined on that date.

Are you or any dependents eligible for Medicare? _____ Yes _____ No

Signature of Applicant X _____ Date X _____

Signature of Spouse X _____ Date X _____
(if applying)

CALIFORNIA LAW PROHIBITS AN HIV TEST FROM BEING REQUIRED OR USED BY HEALTH INSURANCE COMPANIES AS A CONDITION OF OBTAINING HEALTH INSURANCE COVERAGE.

CA4000GAM.CA (Rev. 6-07)
July 2017

*If applicable, an additional \$2 billing fee will be included on your billing notice payable to the administrator. To save the fee, select Electronic Funds Transfer (EFT) as a safe and secure payment option.

MZ080057723A





Cancer Insurance Plan

For American Society of Naval Engineers Members and Their Families

PROTECTING YOURSELF

According to the Cancer Facts and Figures 2017, in the US, men have slightly less than a 1 in 2 lifetime risk of developing cancer; for women, the risk is a little more than 1 in 3.* Fortunately, advances in cancer treatment are saving more lives than ever before. With these advances in care, however, come rising health care costs. There can be hospital expenses, specialists' fees, prescription drugs, operations, day and night nursing care, therapists...and more.

This plan may provide you with cash benefits to help cover the costs of cancer treatment and other incidental costs. That means it pays you benefits for covered claims regardless of any other coverage you have.

With this valuable protection you can collect benefits six different ways:

1. \$9,000 for "first occurrence" cancer (not payable for skin cancer)
2. \$100 a day for hospitalization (days 1 through 60)

3. \$250 a day for hospitalization (days 61 and over)
4. \$100 a day for outpatient treatment, including chemotherapy
5. \$120 Maximum Benefit for Wellness Care Benefit
6. \$100 a day for hospice care (maximum 180 days)

Who is eligible?

YOU (the member) and your SPOUSE are eligible for this insurance coverage if you have not been medically diagnosed with, treated for, or advised of cancer (except skin cancer) within the 6 months prior to the effective date of your coverage. Not available in California age 65 & over.

YOUR DEPENDENT CHILDREN are also eligible for coverage if they are under age 19 (under age 25 if a full-time student in an accredited college, university, vocational or technical school) and have not been medically treated for, or advised of cancer (except skin cancer) within the 6 months prior to the effective date of your coverage. Please note, dependent eligibility ages vary by state. Your Certificate/Policy will provide the full details.

*These statistics have been made available by "Cancer Facts and Figures, 2017."

What are the benefits?

BENEFIT	PAYMENT TO YOU	DESCRIPTION
First Occurrence	\$9,000	Paid when cancer (except skin cancer) is first diagnosed ... paid once per lifetime ... coverage must be in force 30 days prior to diagnosis.
Extended Hospital Confinement Days 1 through 60	\$100 per day	Paid beginning the first day. Benefit in lieu of all other benefits.
Hospital Confinement Days 61 +	\$250 per day	Paid beginning the 61st day during any illness period.
Wellness Care	\$120 Maximum Benefit	Paid for 6 screening tests/exams, up to the \$120 Maximum Benefit.
Outpatient Treatment	\$100 per day	Paid for outpatient treatment including chemotherapy.
Hospice Care	\$100 per day	Paid when your life expectancy is 6 months or less ... 180 days lifetime maximum.

Who selects the doctors and hospitals?

You will receive all the benefits for which you are eligible regardless of what physician you see or what hospital you use. There are no restrictions as long as they meet the Plan definitions.

How are benefits paid?

All benefit checks will be sent directly to you or to anyone you choose ... never to your doctor or hospital unless you specifically request it.

Are benefits paid regardless of any other coverage?

There are no coordination of benefits or co-payments with this Plan. This is a supplemental Plan that pays regardless of any other insurance you have with other companies.

How can the benefits be used?

Help to pay the mortgage ... buy food ... pay medical bills ... the choice is yours. You can use your benefits any way you want.

When will coverage become effective?

Your coverage will become effective on the date shown on your Certificate of Insurance provided you have paid your first premium, and you (or any dependents to be insured) are not hospital-confined on that date.

What's the cost?

Transamerica Premier Life Insurance Company has the right to change rates on any premium due date with 31 days notice to the insured. Rates may also change at any time if the Group Master Policy changes.

ONE RATE FOR ALL AGES SEMIANNUAL PREMIUMS

	<u>INDIVIDUAL PLAN</u> (you only)	<u>FAMILY PLAN</u> (you, your spouse and your children)
Standard Option Plan	\$41.70	\$78.00

If applicable, an additional \$2 billing fee will be included on your billing notice payable to the administrator. To save the fee, select Electronic Funds Transfer (EFT) as a safe and secure payment option.

Your Payment Options

Please note: You also may have the option of paying your premiums once a year (annually), twice a year (semi-annually), or four times a year (quarterly). If you pay your premiums monthly, quarterly or semi-annually, the total amount of premiums and/or administration fees that you pay in a year may be higher than if you make one annual payment. If you are interested in learning more about these payment options, please refer to your fulfillment package for details.

What isn't covered?

This plan pays benefits only for treatment resulting from cancer, and recommended and approved by or performed by a physician.

Exclusions

Benefits will not be paid under the Policy and any attached Rider for any expenses that result from:

- 1) injury or sickness other than Cancer;
- 2) treatment or services performed outside of the United States.

Pre-existing Condition Limitation

A cancer for which treatment has been received before the covered person has been insured for 30 days from his effective date of coverage will be considered a pre-existing condition. We will, however, make payments for this cancer if the covered person incurs expenses after his or her insurance has been in effect for 6 months.

Termination of Coverage. Coverage ends if: the Master Policy is terminated; the member is no longer a member of his/her association; or the insured fails to pay the appropriate premium. Dependent's coverage ends when member's coverage ends, its premiums are not paid, the Master Policy is terminated, or on the premium due date coinciding with or next following the date the dependent ceases to be eligible.

This Cancer Expense Insurance Plan is Administered By:



Mercer Consumer, a service of Mercer Health & Benefits Administration LLC
P.O. Box 10374
Des Moines, IA 50306-8812

QUESTIONS?

1-800-424-9883
<http://www.insurancetrustsite.com/asne>

AR Insurance License #100102691
CA Insurance License #0G39709
In CA d/b/a Mercer Health & Benefits Insurance Services LLC

This Cancer Expense Insurance Plan is Underwritten By:



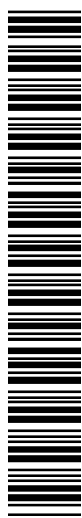
4333 Edgewood Road N.E.
Cedar Rapids, IA 52499

Other insurance in this company: Only one certificate or policy providing Cancer coverage may be in force as elected by the member. If any other certificate or policies previously issued by us or any other AEGON, U.S.A. affiliates are in force concurrently with the Certificate issued under this policy, the excess insurance will be void. All premiums paid for the excess will be returned to the Insured.

This brochure contains a brief description of the principal provisions and features of the Plan. The complete terms and conditions, including limitations and exclusions, are set forth in the Group Policy MZ080057723A. CA1000GPM, CA1000GCM.series

THIS IS A CANCER ONLY POLICY

30-Day Free Look Period
After you receive your Certificate of Insurance, you can take up to 30 days to review it. If you decide you don't want ... or need ... this valuable coverage, simply return your Certificate within 30 days of receipt. Your coverage will be void from its inception and any premiums you have paid will be refunded to you in full. You'll have no obligation whatsoever.



A Notice About Transamerica's Privacy Policy

Please visit:

<https://www.transamerica.com/individual/privacy-policy/>

NOT AVAILABLE IN ALL STATES

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July 2017

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IMPORTANT NOTICE TO PERSONS ON MEDICARE
This policy or certificate duplicates some Medicare Benefits
THIS IS NOT A MEDICARE SUPPLEMENT INSURANCE POLICY

This policy or certificate provides limited benefits, if you meet the policy conditions, for hospital and medical expenses only when you are treated for one of the specific diseases or health conditions listed in the policy or certificate. It does not pay your medicare deductibles or coinsurance and is not a substitute for a Medicare supplement insurance policy.

This policy or certificate duplicates Medicare benefits when it pays:

hospital or medical expenses up to the maximum stated in the policy.

Medicare generally pays for most or all of these expenses.

Medicare pays extensive benefits for medically necessary services (regardless of the reason you need them). These include:

hospitalization

physician services

hospice

other approved items and services

Before You Buy This Policy:

Check the coverage in all health insurance policies you already have.

For more information about Medicare and Medicare supplement insurance, review the Guide to Health Insurance for People with Medicare, available from the insurance company.

For help in understanding your insurance, contact your state insurance department or state senior insurance counseling program.

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