LIFESECURE INSURANCE COMPANY

Personal Accident Insurance

with Accidental Death Benefit

Application & Regulatory Forms

Instructions for Agent:

The application must be entered online via LifeSecure's website.

- Enter the Application information into the LifeSecure Agent Portal at *www.YourLifeSecure.com*
- Fax the signed paper Application to **1.866.582.7706**

The following forms must be left with your client:

- Outline of Coverage

Please refer to the *"Agent Guide for Selling Ancillary Benefits to Individual and Worksite Clients"* for additional information regarding our application process.

For use in the state of:

Michigan

LifeSecure Insurance Company
10559 Citation Drive, Suite 300
Brighton, MI 48116

| Personal Accident Insurance Application |

Application for:

☐ New Coverage ☐ Reinstatement * ☐ Replacement of existing LifeSecure policy* ☐ Increase of Benefits *

* LifeSecure Policy Number: _____

Section 1 | Primary Applicant Information |

Print clearly – Use black or blue ink.

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. Group Number (if applicable):_____

Association (if applicable): _____

_____ _____ _____

Name (First) (MI) (Last) (Suffix)

_____ _____

Street Address [(P.O. Box not allowed)] Apt #

_____ _____ _____

City State Zip Code

_____ _____-_____-_____ _____

Date of Birth (mm/dd/yyyy) Social Security Number (or ITIN) Telephone

Gender: ☐ Male ☐ Female

How would you like to receive your policy: ☐ Paper copy via Mail ☐ Electronic

_____

E-mail Address (required for Electronic via E-mail policy delivery; cannot be the agent's e-mail address)

Section 2 | Beneficiary Information |

☐ **Primary**
☐ **Contingent**

Benefit % _____

Name

_____

(First) (MI) (Last)

_____ _____

Street Address Apt. #

_____ _____ _____

City State Zip Code

Relationship to Primary Applicant: _____

☐ **Primary**
☐ **Contingent**

Benefit % _____

Name

_____

(First) (MI) (Last)

_____ _____

Street Address Apt. #

_____ _____ _____

City State Zip Code

Relationship to Primary Applicant: _____

Section 3 | Coverage Selection |

Who is Applying for Coverage:

☐ Self-only ☐ Self plus Spouse/Domestic Partner*

☐ Self plus Children* ☐ Self plus Spouse/Domestic Partner & Children*

Annual Benefit Bank Amount:

Enter a dollar amount between $2,500 and $25,000***** **(**$100 increments)

$_____

***** If applying for coverage to include dependents, the Annual Benefit Bank is shared between the primary applicant and all dependents. The shared Annual Benefit Bank Amount can be up to $50,000.

(For an Increase of Benefits, please enter the requested increase amount only)

Annual Deductible Amount:

☐ $0 * ☐ $500

* The $0 deductible amount is not available if you are selecting an Annual Benefit Bank Amount more than $15,000 (or more than $25,000 if you are applying for dependent coverage).

Dependent Information (Do not complete if you elected Self-only coverage above.)

_____ _____ _____ _____

Spouse/Domestic Partner's Name (First) (MI) (Last) (Suffix)

_____ _____-_____-_____

Spouse/Domestic Partner's Date of Birth (mm/dd/yyyy) Social Security Number (or ITIN)

Spouse/Domestic Partner's Gender: ☐ Male ☐ Female

	Children	Date of Birth	Gender	Relationship
1.	_____ Name (First, MI, Last)	_____ (mm/dd/yyyy)	☐ M ☐ F	_____
2.	_____ Name (First, MI, Last)	_____ (mm/dd/yyyy)	☐ M ☐ F	_____
3.	_____ Name (First, MI, Last)	_____ (mm/dd/yyyy)	☐ M ☐ F	_____
4.	_____ Name (First, MI, Last)	_____ (mm/dd/yyyy)	☐ M ☐ F	_____
5.	_____ Name (First, MI, Last)	_____ (mm/dd/yyyy)	☐ M ☐ F	_____

Section 4 | Premium Payment Authorization |

Complete this section to authorize your preferred premium payment method.

Premium Amount: ☐ Monthly $_____ ☐ Quarterly $_____
☐ Semi-Annually $_____ ☐ Annually $_____

☐ **Direct-Billing (Mail)**
Select one payment mode: ☐ annually ☐ semi-annually ☐ quarterly

OR

☐ **Electronic Funds Transfer (EFT)**
Select one payment mode: ☐ annually ☐ semi-annually ☐ quarterly ☐ monthly

How EFT Works: EFT is a debit service that offers a convenient way to pay your insurance premiums. LifeSecure Insurance Company (LifeSecure) will collect the insurance premiums from your bank account electronically. You do not need to write checks or mail in any payments. Premium withdrawals will appear on your bank statement, and your statements will be your receipts for payment of your premium.

EFT Agreement:
I authorize LifeSecure to electronically withdraw money from my account for the payment of premiums for this insurance policy. I authorize LifeSecure to continue to make these withdrawals if there is a renewal, or other change in the policy. I will compensate LifeSecure for any loss, claim, or liability caused by these withdrawals and will not hold LifeSecure responsible for any such loss, claim, or liability. This authorization will not affect the terms of the policy. Authorizing this automatic payment plan does not put the insurance policy into effect. This authorization may be retracted by me or LifeSecure at any time for any reason by giving written notice. LifeSecure may retract the authorization immediately, without giving me written notice, if any debt is not paid by the bank stated, for any reason.

Name of Bank: _____

Bank Address: _____ _____
City State

Account Type: ☐ checking ☐ savings

Routing #:_____ Account #: _____

Preferred Draft Date: _____ (1st – 28th)

Accountholder Name (if different than insured) _____

X_____ _____
Accountholder Signature Date

OR

☐ **Automatic Payment Card**

Select one payment mode: ☐ annually ☐ semi-annually ☐ quarterly ☐ monthly

Select Card Type: ☐ Visa ☐ MasterCard

Payment Card #: _____ Expiration Date: _____

Name as it appears on Card: _____

Preferred transaction date: _____ (1st – 28th)

Your Payment card information is being used by LifeSecure for the payment of premium for your insurance policy(ies).

For Security purposes, LifeSecure is substituting sensitive payment card data with non-sensitive information (a token). This token is retained and used for processing the payment of your insurance premium. You will be notified in the event of a change to this token consent agreement.

This token consent agreement will remain in place as directed by you. You can cancel this agreement and change to a different premium payment method at any time.

I have reviewed and concent to the use and retention of my token information.

X _____ _____

Cardholder Signature Date

OR

☐ **Employer List Bill**

If my employer is paying less than 100% of my premium, or if this coverage is being offered on a voluntary employee-pay-all basis, I authorize my employer to deduct my portion of the insurance premium from my payroll. I understand that if my employer stops paying my premium for any reason, I will be responsible for the premium in order to keep my policy in force.

Employee Number (if applicable): _____

Payroll Frequency: _____

OR

☐ **Employer List Bill / 100% Employer Paid**

I understand that if my employer stops paying my premium for any reason, I will be responsible for the premium in order to keep my policy in force.

OR

☐ **Association List Bill**

I authorize the Association named in this application to pay the premium for this policy on my behalf. I understand that if the Association stops paying my premium for any reason, I will be responsible for the premium in order to keep my policy in force.

Section 5 | Applicant Acknowledgements and Signatures |

Your signature, whether electronic or handwritten, represents your acknowledgement, acceptance and authorization of each statement. Please consider each statement carefully before providing your signature authorization.

Acknowledgements

I represent that all information supplied on this Application is true and complete to the best of my knowledge.

I understand that LifeSecure will have no liability until a policy is issued to me and the first full premium for the issued policy has been paid. I understand that the policy will not take effect until my application is approved by LifeSecure and that my authorized representative or I may request a copy of this authorization. I also understand that I may cancel this authorization at any time by contacting LifeSecure at 10559 Citation Drive, Suite 300, Brighton, MI 48116.

The Policy is an Accident Only Policy and provides limited benefits.
Review Your Policy carefully!

Signature Method:

☐ Voice Authorization Signature ☐ Wet Signature (must be uploaded or faxed)
☐ Signature via Signature Pad ☐ Electronic Signature

X _____ _____
Primary Applicant's Signature Date

_____
Primary Applicant's Printed Name

I represent that I have signed the application in: _____ _____
City State

Section 6 | Agent Signature |

I, the agent, certify that the applicant has read, or I have read to the applicant, the completed Application. I also certify, to the best of my knowledge and belief, that the answers contained in this Application are true, complete and correctly recorded. I have advised the applicant that any false statement or misrepresentation in the Application may result in loss of coverage under the policy.

X _____ _____

Soliciting Agent's Signature | Agent's Printed Name

_____ _____ _____

LifeSecure ID # | Contract Number | Date

Policy Delivery Choice

If the Applicant chose to receive his/her policy hard-copy via mail in Section 1, please designate where the policy welcome kit should be sent.

☐ **Policyholder** ☐ **Sales Agent**

Case Split Information (if applicable)

Check one box for Agent to receive policy (if applicable)

☐ Agent Name _____ % Split _____
Agent License # _____ Contract #: _____
LifeSecure ID # _____

☐ Agent Name _____ % Split _____
Agent License # _____ Contract #: _____
LifeSecure ID # _____

☐ Agent Name _____ % Split _____
Agent License # _____ Contract #: _____
LifeSecure ID # _____ **100 %**

LifeSecure Insurance Company
10559 Citation Drive, Suite 300
Brighton, MI 48116

| Notices to the Applicant |

Fraud Warning

For All States Not Listed Separately Below: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

To residents of **Alabama:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

To residents of **Arkansas, Louisiana, Rhode Island & West Virginia:** Any person who knowingly: presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and
confinement in prison.

To residents of **Maryland:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

To residents of **Colorado**: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the department of regulatory agencies.

To residents of **DC: WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.**

To residents of **Kentucky**: Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

To residents of **New Mexico**: Any person who knowingly presents a false or fraudulent claim for payment of a loss of benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

To residents of **Oklahoma: WARNING** – Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

To residents of **Pennsylvania**: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

To residents of **Tennessee, Virginia & Washington**: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

To residents of **Oregon**: Any person who, with intent to defraud, or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing misstatements which are either fraudulent or material to the interests of the insurer, may be guilty of insurance fraud.

LifeSecure Insurance Company
10559 Citation Dr., Suite 300
Brighton, MI 48116
1-888-575-8246
www.yourlifesecure.com

Insurance Information Practices

To issue insurance coverage, we need to obtain information about you. Some of that information will come from you, and some will come from other sources. This information may, in certain circumstances, be disclosed to third parties without your specific authorization as permitted or required by law. You have the right to access and correct this information, except information that relates to a claim or civil or criminal proceeding. Upon your written request, LifeSecure will provide you with a more detailed written notice explaining the types of information that may be collected, the types of sources and investigative techniques that may be used, the types of disclosures that may be made and the circumstances under which they may be made without your authorization, a description of your rights to access and correct information, and the role of insurance support organizations with regard to your information.

If you would like more information about our information practices, please write or e-mail us at:

LifeSecure Insurance Company
10559 Citation Drive, Suite 300
Brighton, MI 48116

info@YourLifeSecure.com