



Cancer Expense Insurance Plan APPLICATION FORM



a Transamerica company
4333 Edgewood Road N.E.
Cedar Rapids, IA 52499

Plan Administrator:
Affinity Insurance Services, Inc.
1100 Virginia Drive, Suite 250
Fort Washington, PA 19034-3278
(800) 98-AIChE (982-4243)

Residents of KS and WI: Please contact Administrator for a special application.

Complete this form and return to the Plan Administrator

1. MEMBER INFORMATION

Name _____ Home Phone # _____
 Address _____ Work Phone # _____
 City _____ State _____ Zip _____ Fax # _____ Sex M F
 Home E-mail address _____ Soc. Sec. # _____ Date of Birth _____
 I am a Member of AIChE: Membership # _____ Date you Became a Member _____

2. DEPENDENT INFORMATION

If dependent coverage is requested, list eligible dependents.
Attach separate sheet to provide additional dependent information.

Dependent Full Name (ie. Mary J. Doe)	Social Security #	Date of Birth (mo/day/yr)	Male or Female
Spouse's Full Name			
Child			
Child			
Child			

3. Are you or any dependents eligible for Medicare? Yes No

4. INSURANCE REQUESTED

(Refer to the brochure for eligibility and coverage description)

I HEREBY APPLY FOR THE FOLLOWING COVERAGE:

HIGH OPTION PLAN:

Member Member and Family

STANDARD OPTION PLAN:

Member Member and Family

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 (TX-12 months, CA-6 months, and GA-2 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 12 months of coverage. It is understood that no benefits will be payable for expenses incurred during the first 12 months of coverage for any cancer diagnosed or treated within the first 30 days after the insured person's effective date of coverage (**NOT APPLICABLE TO RESIDENTS OF AZ, MO, OK, TX and WI**).

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.

MD Residents: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefits or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. FRD1000A.MD

DC, NM and RI Residents: 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 fines and confinement in prison.

PA Residents: 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.

FL Residents: Any person who knowingly and with intent to injure, defraud or deceive any insurer, files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

TN and WA Residents: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

AR, CO, KY, OH and OK Residents: Any person who knowingly and with intent to injure, defraud or deceive any insurer, files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a crime and may be subject to fines or confinement in prison.

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

Member Signature X _____ **Date** _____
(PLEASE SIGN AND DATE IN INK)

Spouse Signature X _____ **Date** _____
(Necessary only if Spouse Coverage is requested)

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BILLING OPTION SELECTION

OPTION 1: Electronic Funds Transfer Monthly Quarterly Semi-Annual Annual

Authorization for Electronic Funds Transfer

I request and authorize Affinity Insurance Services, Inc. (LifeHealth) to make withdrawals based on my selected payment method above against the account specified on the attached voided check or savings account deposit slip, or any account subsequently named by me, and such bank to process these withdrawals as if I had signed them, for the purpose of collecting premium contributions due under this plan. **In order to process your electronic payment, both the Account # and Bank Routing # must both appear on the voided check or deposit slip.** I understand that by completing the required information regarding my enrollment I am authorizing automatic deductions/charges for the insurance premium from my account.

The premium, based on the plan I selected, will be deducted from or charged to my account as indicated above unless I call the plan administrator to cancel. I understand that I must contact the plan administrator if I wish to cancel these automatic deductions/charges or if I wish to cancel my insurance coverage.

I also understand that my authorization for the deduction is not part of my certificate of insurance, nor does it modify any terms or conditions contained therein. The insurance company is not liable if the financial institution dishonors any amount deducted/charged and may terminate my insurance coverage immediately if premium for my insurance is not paid. Payment of the initial premium is one of the conditions required in order for my coverage to be placed in effect. I understand that if the deduction/charge is declined for any reason, my coverage will not take effect.

X _____
SIGNATURE(S) AS REQUIRED ON CHECKS ISSUED / WITHDRAWALS MADE AGAINST THIS ACCOUNT DATE

OPTION 2: Direct Bill Quarterly Semi-Annual Annual
(Make check payable to: Affinity Insurance Services, Inc.)

Please complete the application form and return with payment to:

AIChE Insurance Program Administrator
1100 Virginia Drive, Suite 250
Fort Washington, PA 19034-3278

Don't let an unanswered question delay your enrollment.

Call toll free: 1-800-98-AIChE (982-4243)
www.aicheinsurance.com

COMPENSATION and OTHER DISCLOSURE INFORMATION

Life & Health, a division of Affinity Insurance Services, Inc., exclusively offers the Cancer Expense Insurance as an agent of The New York Life Insurance Company and provides services that may include the following: program marketing, underwriting, policy management, billing, risk management and client services on its behalf.

As compensation for the services described above, Affinity receives 20% of your paid premium. In addition, Affinity may charge a fee for administrative services. For mid-term premium bearing coverage endorsements and renewal policies, Affinity is compensated at the same levels as the initial policy commission, unless we notify you otherwise. Your signature on your application, quote form, check, and/or other authorization for payment of your premium, will be deemed to signify your consent to and acceptance of the terms and conditions including the compensation, as disclosed above, that is to be received by Aon.

Other than the commissions described in the preceding paragraph, Affinity will receive no other compensation from the insurer.

In addition, premiums paid by Clients to Affinity for remittance to insurers, Client refunds and claim payments paid to Affinity by insurance companies for remittance to Clients are deposited into fiduciary accounts in accordance with applicable insurance laws until they are due to be paid to the insurance company or Client. Subject to such laws and the applicable insurance company's consent, where required, Affinity will retain the interest or investment income earned while such funds are on deposit in such accounts.

Aon Corporation, our ultimate parent company, and its affiliates have from time to time sponsored and invested in insurance and reinsurance companies. While we generally undertake such activities with a view to creating an orderly flow of capacity for our clients, we also seek an appropriate return on our investment. These investments, for which Aon is generally at-risk for potential price loss, typically are small and range from fixed-income to common stock transactions. In such case, the gains or losses we make through our investments could potentially be linked, in part, to the results of treaties or policies transacted with you. Please visit the Aon website at http://www.aon.com/market_relationships for a current listing of insurance and reinsurance carriers in which Aon Corporation and its affiliates hold any ownership interests.

Contracts and Agreements

Aon Corporation's operating affiliates are parties to numerous agreements with many insurance and reinsurance companies, including companies from which our clients have purchased insurance or reinsurance. Please visit http://www.aon.com/market_relationships for more detail on these agreements.

The AIChE Insurance Program is brokered and administered by Aon Affinity, a division of Affinity Insurance Services, Inc.; in CA, MN & OK, a division of AIS Affinity Insurance Agency, Inc.; and in NY a division of AIS Affinity Insurance Agency. CA License #0795465. AR License #244489.