

APPLICATION FOR INSURANCE

FIRST CATHOLIC SLOVAK UNION OF THE U.S.A AND CANADA

(A Fraternal Benefit Society)

6611 Rockside Road, Independence, Ohio 44131-2398

216-642-9406 1-800-JEDNOTA 1-800-533-6682

www.fcsu.com

Use this form for the following amounts:

Age	Amounts Under
0-50	\$5,000
or	
Amount of Benefit	Annual Premium
() \$10,000	\$14.00
() \$15,000	\$21.00
() \$20,000	\$28.00
() \$25,000	\$27.50

Is applicant a member of the First Catholic Slovak Union Yes() No()

If not, apply for membership. Branch _____ E-mail Address: _____

1. Full Name (print) _____ Phone Number: _____

2. _____
 (Address) (City) (State) (Zip)

3. Birth date: Month _____ Day _____ Year _____ Birthplace _____

4. Sex M() F() Social Security No _____ Height ____ ft ____ in Weight _____

5. Occupation _____ 6. Employer _____

7a. Name and Address of Beneficiary _____
 _____ Relationship to Applicant _____

7b. Name and Address of Contingent Beneficiary _____

7c. Owner, if other than proposed insured _____ Relationship to Applicant _____

8. Is this insurance intended to replace or change any insurance or Annuity now in force? Yes() No()
 If yes, give details _____

9. Within the past 5 years, has Proposed Insured used tobacco in any form? Yes() No()

10a. Within the past 5 years, has Proposed Insured been hospitalized; or received medical treatment or advice for any illness, disease, injury or physical condition? Yes() No()

10b. Does Proposed Insured have any physical or mental handicaps? Yes() No()

10c. Give details of YES answers to 9, 10a, and 10b (Tobacco use; illness or handicap; dates, duration; physicians; and/or hospital)

11. Plan of Insurance _____ Amount of Insurance \$ _____
 Rider/s _____ Premium \$ _____
 Method of Payment Single Premium() Annual() Semi-Annual() Quarterly()

I AGREE THAT NO INSURANCE SHALL TAKE EFFECT UNLESS AND UNTIL (1) the first premium shall have been paid; (2) a certificate is delivered to the applicant during the Proposed Insured's lifetime; (3) the health of the Proposed Insured is as described in the application; (4) the Proposed Insured has been obligated in due form; and (5) all requirements of the Constitution and Bylaws have been complied with.

Signed at _____ this _____ day of _____ 20____

 Signature of Agent or Proposer

 Proposed Insured's Signature (Parent or Guardian if applicant is under age 16)

Any person who with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application containing a false or deceptive statement is guilty of insurance fraud.

AUTHORIZATION

I hereby authorize any licensed physician; medical practitioner, hospital, clinic other medical or medically related facility, insurance company, MIB, Inc ("MIB") or other organization, institution or person that has any record or knowledge of me or my health, to give to First Catholic Slovak Union or its representatives, or bearer, or its reinsurers any such information. Authorization is valid for no longer than thirty months. A photographic copy of this authorization shall be as valid as the original.

Date _____ 20____

 Signature of Agent or Proposer

 Proposed Insured's Signature (Parent or Guardian if applicant is under age 16)



First Catholic Slovak Union of the United States of America and Canada

(Herein called FCSU)

[6611 Rockside Road, Suite 300, P. O. Box 318013, Independence, OH 44131-8013]

1-800-JEDNOTA or (216) 642-9406

A Fraternal Benefit Society

Addendum to Life Insurance Application Form AJ-2

The following questions are added as an addendum to the application form noted above and are part of the application:

1. Does any person named as Beneficiary or Contingent Beneficiary lack an insurable interest* in the person to be insured?

Yes ___ No ___ If yes, please explain _____

2. Is any portion of the premium on the policy applied for, to be paid in whole or in part through an assumption; and/or forgiveness of a loan used to fund premiums?

Yes ___ No ___ If yes, please explain _____

**Insurable interest - A connection by blood of the beneficiary to the insured or an economic connection under which the beneficiary stands to suffer financial loss by reason the death of the insured.*