

APPLICATION INSTRUCTIONS

Please complete your application in blue or black ink.

This is a fully underwritten plan where medical records might be requested from your doctor and/or clinic. You might be required to complete an exam, urinalysis/blood profile depending on your age and face amount requested.

When filling out the application please note that the 'Applicant' denotes the MBA member (public employee). A separate application is required for each individual applying for coverage.

Questions 1 – 7 pertain to the applicant (member) and are required on each individual application being submitted.

Questions 8 – 17 pertain to the proposed insured (example: child or grandchild of member). *If the proposed insured is the spouse of the member, questions 8–17 should be left blank.*

Questions 18 – 26 - are only used for spouse application.

Question 27 - desired method of payment. For those wishing to use payroll deduction or PAC (automatic deduction from your bank account), a separate authorization form will be sent for your signature and two months premium will be requested at that time. This form along with a check or money order for the specified amount must be returned to our office before any deduction of premiums can begin.

Question 28 - the death benefit amount you are applying for.

Question 29 B and C – an Avocation and/or Aviation form will be mailed to you if necessary.

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Answer all remaining health questions with respect to the proposed insured as well as the applicant (*due to the waiver of premium on the policy*). Indicate name of person and include details in the space provided or on a separate sheet. Also include the nature of the illness or injury, the date of the illness or injury, duration and the name and address of the doctor and/or hospital where the diagnosis or treatment was received.

Sign and date the application.

Mail completed application and disclosure form to:

MBA
ATTN NEW BUSINESS
6701 UPPER AFTON RD
WOODBURY MN 55125