

**Standard Life and Accident Insurance Company**

Home Office: One Moody Plaza, Galveston, Texas, 77550

**Administrative Office;**

5722 I-55 North Frontage Road Jackson, MS 39211

P.O. Box 14067

Jackson, Mississippi 39236 Telephone: 800-800-1397

APPLICATION FOR ENROLLMENT

Organization Name & Number: (if applicable)

Effective Date: \_\_\_\_\_

**APPLICATION FOR INSURANCE**

New Application     Additional Insured to Certificate No. \_\_\_\_\_

NAME	First	Middle	Last	Social Security #	Birth Date	Age	Sex
Primary Insured:							
Spouse: (Optional)							
Dependent Children: (Optional)							
Resident Address:				Billing Address:			
City	State	Zip		City	State	Zip	
Occupation:				Employer:			
Home Telephone: ( )				Work Telephone: ( )			
Payment Mode: <input type="checkbox"/> Monthly Payroll Deduction							
Beneficiary:				Relationship:			
HEALTH QUESTIONS. (To Be Answered Upon Late Enrollment) If any question is answered "Yes," list the applicable person below who is not eligible for coverage.							
1. During the past 5 years has any person intended to be insured:							
(i) consulted with any licensed member of the medical profession about any of the following; or (ii) been treated by any member of the medical profession for any of the following: YES NO							
a.) disease or abnormalities of the brain or nervous system, including, but not limited to, stroke, epilepsy, seizure, paralysis, Alzheimer's Disease or other dementia, or any degenerative neurological disorder?.....							
b.) diseases or abnormalities of the heart, including, but not limited to heart attack?.....							
c.) cancer, leukemia or Hodgkin's Disease?.....							
d.) emphysema, cystic fibrosis, chronic obstructive pulmonary disease, diabetes, cirrhosis, or Crohn's Disease?.....							
2. During the past 10 years, has any person intended to be insured:							
Been tested positive for exposure to the HIV infection or been diagnosed as having ARC or AIDS caused by the HIV infection or other sickness or condition derived from such infection?.....							
3. During the past 6 months, has any person intended to be insured:							
a.) other than for any accident, had any hospital confinement of 3 days or longer?.....							
b.) been advised by a medical professional to have or contemplate having a diagnostic test or surgery which has not been completed?.....							
4. Is any person or family member to be insured now pregnant (if Yes, please provide diagnosis)?.....							
5. During the past 3 years, has any person intended to be insured been declined for any health or life insurance?.....							
6. Does any person intended to be insured, have current coverage under a Medicare Program?.....							
SELECTION OF COVERAGE	Mode Premium*				List any person(s) who answered "Yes" to any questions listed above. This person(s) is/are not eligible for coverage.		
	Individual	Individual & Spouse	Individual & Children	Full Family			
	Plan Number:	\$	\$	\$			
Total Premium	\$	\$	\$	\$	_____		
Home Office Use Only:							

