



Insurance Application Package



Supplemental Senior Dental Insurance

*from Constitution Life Insurance Company,
a member of the Universal American family of companies.*

CONSTITUTION LIFE INSURANCE COMPANY

Home Office: Houston, Texas **Administrative Office:** P. O. Box 13547, Pensacola, Florida 32591-3547 **Phone:** (800) 789-6364

Fair Credit Reporting Act Pre-Notification Form

Thank you for considering Constitution Life Insurance Company as your insurance carrier. Your application will be processed as quickly as possible. Public Law 91-508 requires that we advise you that an investigative consumer report may be made in connection with this application which will provide applicable information concerning character, general reputation, personal characteristics and mode of living. The information for this report may be obtained through personal interviews with friends, neighbors and associates. Upon written request a complete and accurate disclosure of the "nature and scope" of the report if one is made will be provided.

MIB, Inc. Disclosure Notice

Information regarding your insurability will be treated as confidential. Constitution Life Insurance Company or its reinsurers may, however, make a brief report thereon to the MIB, Inc., formerly known as Medical Information Bureau, a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its members. If you apply to another MIB member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information about you in its file.

Upon receipt of a request from you, MIB will arrange disclosure of any information in your file. Please contact MIB at 866-692-6901 (TTY 866-346-3642). If you question the accuracy of the information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of MIB's information office is 50 Braintree Hill Park, Suite 400, Braintree, Massachusetts 02184-8734.

Constitution Life Insurance Company, or its reinsurers, may also release information from its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. Information for consumers about MIB may be obtained on its website at www.mib.com.

INITIAL PREMIUM RECEIPT

MAKE CHECK PAYABLE TO: CONSTITUTION LIFE INSURANCE COMPANY

Received from _____ (Applicant) an application for a Policy with Constitution Life Insurance Company, Pensacola, Florida and \$ _____ for the initial premium. In the event that the application is not accepted by the Company, the above amount will be refunded. No obligation is incurred by the Company unless said application is approved by the Company at its home office and a policy is issued.

Date Agent

ALL PREMIUM CHECKS MUST BE MADE PAYABLE TO THE COMPANY. DO NOT MAKE CHECK PAYABLE TO THE AGENT OR LEAVE PAYEE BLANK.

Please return the Application Form, any Bank Draft Card or Credit Card Authorization and Replacement Form, along with your initial premium check to Constitution Life Insurance Company. The Initial Premium Receipt and accompanying notices remain with you.

CONSTITUTION LIFE INSURANCE COMPANY

HOME OFFICE: Houston, Texas ADMINISTRATIVE OFFICE: P.O. Box 13547 - Pensacola, Florida 32591-3547

APPLICATION FOR SENIOR DENTAL INSURANCE

Area Factors

Plan Deductible: \$0

Benefit

Area Factor selection boxes: A, B, C

Benefit selection boxes: Enhanced, Standard

PRIMARY INSURED NAME

Primary Insured Name fields: LAST, FIRST, MI, SOCIAL SECURITY NUMBER

Primary Insured Address field: ADDRESS (Street/Rural Route)

Primary Insured Address field: ADDRESS (Line 2)

Primary Insured Location fields: CITY, STATE, ZIP CODE, COUNTY

Primary Insured Personal fields: AGE, BIRTHDATE, SEX

SPOUSE TO BE INSURED

Spouse to be Insured Name fields: LAST, FIRST, MI, SOCIAL SECURITY NUMBER

Spouse to be Insured Personal fields: AGE, BIRTHDATE, SEX

PREMIUM MODE

Premium Mode selection boxes: MONTHLY PAC or CREDIT CARD, SEMI-ANNUAL, ANNUAL

Monthly premiums are only payable by automatic debits to either Your checking account or to Your Visa or MasterCard account. Semi-Annual and Annual premiums may be paid by either of these two methods or You may elect to have the Company mail you a bill for each Premium due.

PREMIUM PAYMENT METHOD

Premium Payment Method selection boxes: ACH, CREDIT CARD, DIRECT BILL

Checking Account # (Be sure to attach a voided check)

Credit Card: Visa, MasterCard

Name on Credit Card, Account #, Exp. Date

You must enclose a check for the first Premium payment along with this Application. The amount of the first Premium payment for the Premium Mode You have selected is: \$

Please make Your check payable to the Company. Do not make it payable to the agent or leave the payee blank.

Any person who knowingly and with the intent to injure, defraud, or deceive any insurer, files a statement of claim or an application containing any false, incomplete, or misleading information may be guilty of insurance fraud.

I hereby apply to Constitution Life Insurance Company for a policy of dental insurance to be issued in reliance upon the written answers to the previous questions which I acknowledge as my own and to be true and complete. I understand that this application shall not be binding upon the Company until approved by the Company and that the benefits provided by the Policy are exactly those that are described in the Policy.

Signature of Applicant

Signature of Spouse (if insured)

City, State, Date

I HEREBY CERTIFY THAT I HAVE TRULY AND ACCURATELY RECORDED ON THIS APPLICATION THE INFORMATION SUPPLIED BY THE APPLICANT.

Agent Printed Name, Signature of Licensed Agent, Agent Code

Agent Printed Name, Signature of Licensed Agent, Agent Code

Applicant Signed in:

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Forgetting Something?

Incomplete application paperwork results in underwriting delays. To ensure timely processing and faster commission payments, complete this handy checklist before submitting your traditional insurance business. By doing so, you will encourage smoother sailing through the underwriting process with fewer costly delays.

Application Checklist For Traditional Insurance Plans

The Application	<p>Does the completed application contain all of the following information (check all that apply):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Plan type? <input type="checkbox"/> Underwriting class? <input type="checkbox"/> Face amount (whole life only)? <input type="checkbox"/> Rider selection (Acute Care, Cancer, HI only)? <input type="checkbox"/> Physician name and address? <input type="checkbox"/> Medication names, dosages, and reason (Were any on the uninsurable medications list?) <input type="checkbox"/> Date and applicant signature? <input type="checkbox"/> Agent number and agent signature? <input type="checkbox"/> Point-of-sale telephone interview verification number (whole life only)?
The Premium	<p>Did you:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Select the premium mode? <input type="checkbox"/> Verify the premium? <input type="checkbox"/> Collect the FULL initial premium? (NOT for Direct Fax) <input type="checkbox"/> Notify the client that the first premium is drafted immediately upon the app being accepted (for Direct Fax ONLY)? <input type="checkbox"/> Complete the PAC form with bank routing information and... <input type="checkbox"/> Obtain voided check? <p style="text-align: center;">or</p> <ul style="list-style-type: none"> <input type="checkbox"/> Provide the completed credit card form?
The Forms	<p>Did you provide all applicable forms including the:</p> <ul style="list-style-type: none"> <input type="checkbox"/> HIPAA form (must be dated and signed)? <input type="checkbox"/> Patriot Act form? <input type="checkbox"/> Replacement form (signed and dated)? <input type="checkbox"/> Sign and date replacement form each time (For life policies only)? <p>Did you give your client the:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Conditional or premium receipt? <input type="checkbox"/> Outline of coverage? <input type="checkbox"/> Medicare Guide?
Final Reminders	<p>Before submitting the application, remember to:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Double check for completion, signatures, and dates. <input type="checkbox"/> Prepare a transmittal sheet or fax transmission sheet. <input type="checkbox"/> Ensure legibility.

Should you have any questions regarding the completion or submission of your new business, please contact your respective sales department.



HOME OFFICE: McKinney, Texas
ADMINISTRATIVE OFFICE:
P. O. Box 130
Pensacola, FL 32591-0130
(800) 789-6364

**IMPORTANT NOTICE TO PERSONS ON MEDICARE
THIS IS NOT MEDICARE SUPPLEMENT INSURANCE**

Some health care services paid for by Medicare may also trigger the payment of benefits from this policy.

This insurance provides limited benefits, if you meet the policy conditions, for expenses relating to the specific services listed in the policy. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:

- Hospitalization
- Physician services
- outpatient prescription drugs if you are enrolled in Medicare Part D
- Other approved items and services

This policy must pay benefits without regard to other health benefit coverage to which you may be entitled under Medicare or other insurance.

BEFORE YOU BUY THIS INSURANCE

Check the coverage in all health insurance policies you already have.

For more information about Medicare and Medicare Supplement insurance, review the *Guide to Health Insurance for People with Medicare*, available from the insurance company.

For help in understanding your health insurance, contact your state insurance department or state senior insurance counseling program.

Administrative Office
Senior Health Service Center
P.O. Box 13547
Pensacola, FL 32591-3547

Policyholder Services & Claims:
1-800-789-6364
www.constitutionlife.com

UNIVERSAL
AMERICAN

A Healthy CollaborationSM

Universal American (NYSE: UAM), through our family of healthcare companies, offers benefit plans designed to promote collaboration among our members and their healthcare professionals. This Healthy Collaboration improves the health and well-being of over two million people with Medicare every day.

Constitution Life is a member of the Universal American family of companies.
Constitution Life offers a portfolio of products to America's seniors,
including supplemental health insurance and life insurance.

www.UniversalAmerican.com