



**Section C: Coverage Selection**

**DAILY BENEFIT AMOUNT:** Enter a dollar amount between \$100 to \$999 \_\_\_\_\_  
For increases, please enter the requested increase amount only.

**PREMIUM AMOUNT:**

\$ \_\_\_\_\_ Monthly      \$ \_\_\_\_\_ Quarterly      \$ \_\_\_\_\_ Semi-Annual      \$ \_\_\_\_\_ Annual

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**Section D: Replacement Question**

All questions must be answered.

Will this policy replace any Health or Accident & Sickness Insurance presently in force with this or any other Company? Yes      No

If "Yes", provide details:

Company Name: \_\_\_\_\_ Company Address: \_\_\_\_\_ - OR -

Individual or Group Policy Number: \_\_\_\_\_

If "Yes", please also submit the required Notice to Applicant Regarding Replacement of Accident and Health Insurance Form.

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**Section E: Premium Payment Authorization**

*Note: If you submit premium with your application and we decline coverage or you choose not to purchase the policy, we will refund your premium to you within 10 days.*

**Premium Payment Frequency:**

annually      semi-annually      quarterly      monthly

**Premium Payment Method:**

Automatic Payroll Deduction      Automatic Credit Card Payment  
Monthly Electronic Funds Transfer (EFT) – Please select a draft date \_\_\_\_\_.

**Authorization for Automatic Payroll Deduction:** (applicable only for participating employers)

By electing this payment method, I authorize my employer to deduct my insurance premiums automatically from my payroll.

Payroll System/Division: \_\_\_\_\_ Payroll Location: \_\_\_\_\_

Payroll Frequency: \_\_\_\_\_ Employee Number: \_\_\_\_\_

**Authorization for EFT or Credit Card:** I authorize LifeSecure to electronically withdraw money from my account or credit card for the payment of premiums for this insurance policy. I authorize LifeSecure to continue to make these withdrawals if there is a renewal, or other change in the policy. I will compensate LifeSecure for any loss, claim, or liability caused by these withdrawals and will not hold LifeSecure responsible for any such loss, claim, or liability. This authorization will not affect the terms of the policy. Authorizing this automatic payment plan does not put the insurance policy into effect. This authorization may be retracted by me or LifeSecure at any time for any reason by giving written notice. LifeSecure may retract the authorization immediately, without giving me written notice, if any debt is not paid, for any reason.

Name of Bank: \_\_\_\_\_

Bank Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Account Type:      checking      savings

Account #: \_\_\_\_\_

Routing #: \_\_\_\_\_



## Section G: Agent Report

**Authorizations:** I have truthfully and accurately recorded the information supplied to me by the applicant for completion of this application.

My Signature below represents my acknowledgement, acceptance and authorization for the statement above.

\_\_\_\_\_  
Soliciting Agent's Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
LifeSecure ID#

\_\_\_\_\_  
Contract Number

\_\_\_\_\_  
State License Number

\_\_\_\_\_  
Date

### Case Split Information (if applicable)

LifeSecure ID#	State License Number	Agent Name	% Split	Contract #
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

## Section H: Notices to the Applicant

### **FRAUD WARNING:**

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.

### **INSURANCE INFORMATION PRACTICES:**

To issue insurance coverage, we need to obtain information about you. Some of that information will come from you, and some will come from other sources. This information may, in certain circumstances, be disclosed to third parties without your specific authorization as permitted or required by law. You have the right to access and correct this information, except information that relates to a claim or civil or criminal proceeding. Upon your written request, LifeSecure will provide you with a more detailed written notice explaining the types of information that may be collected, the types of sources and investigative techniques that may be used, the types of disclosures that may be made and the circumstances under which they may be made without your authorization, a description of your rights to access and correct information, and the role of insurance support organizations with regard to your information.

If you would like more information about our information practices, please write or e-mail us at:

LifeSecure Insurance Company  
10559 Citation Drive, Suite 300  
Brighton, MI 48116

[info@YourLifeSecure.com](mailto:info@YourLifeSecure.com)