

Columbia Alumni Association ENROLLMENT FORM

for New York Residents Only
Catastrophic Major Medical Insurance Plan

Underwritten by
The United States Life Insurance Company in the City of New York

Premium Mode Desired: Semiannual

Choose Your Deductible: \$25,000 \$50,000 Other (Specify) _____

Note: Proposed insured must have a basic health insurance plan or Medicare parts A & B. If not, you do not qualify for this coverage.

Name _____
First Middle Initial Last

Address _____

City _____

State _____ Zip _____

Birthdate _____ Male Female

Social Security No. _____ Daytime Phone _____

If family coverage is desired, please list below:

Spouse _____ Birthdate _____
First Last

Social Security No. _____

Child _____ Sex _____ Birthdate _____ Child _____ Sex _____ Birthdate _____

Child _____ Sex _____ Birthdate _____ Child _____ Sex _____ Birthdate _____

I understand that this plan will not pay benefits for the first twelve months after the effective date for an injury or sickness for which an ordinary prudent person would have sought medical advice, diagnosis, care or treatment within 6 months prior to the effective date of coverage, or for which medical advice, diagnosis, care or treatment was recommended or received within 6 months prior to the effective date. Pregnancy that exists on the effective date is also a pre-existing condition. However, if I am a resident of New York, and if I or any proposed insured was covered under another medical insurance plan that terminated within 60 days of the effective date of coverage under this plan, this limitation will be reduced by the amount of time covered under that previous plan.

Signature of Member X _____ Date _____

Signature of Spouse X _____ Date _____
(if applying for coverage)

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Group Policy No. E-125, 189