Please complete the disability/and or cancer application form attached as appropriate. Return completed form to American Fidelity:

- Via email: Scan and email to Donna.Sciulara@AmericanFidelity.com
- Via fax: Attention to Donna Sciulara, 866-233-3525
- Via mail: Donna Sciulara, % American Fidelity, 3505 E Flamingo Rd, Suite 6, Las Vegas, NV 89121

Call if you have questions about the coverage or about completion of the form:

702-433-5333, extension 0
Terri or Tamara can help
AMERICAN FIDELITY ASSURANCE COMPANY  
9000 Cameron Parkway Oklahoma City, OK 73114

INDIVIDUAL APPLICATION

APPLICANT INFORMATION

Name (Last, First, Ml, Suffix) ___________________________  Gender (M/F) ___________  Country of Citizenship ___________

Date of Birth (MM/DD/YYYY) ___________________________  Age ___________  Social Security Number: ___________________________

Requested Effective Date (MM/DD/YYYY) ___________________________  Salary (Annually/ Monthly) ___________

-01-

Date of Hire (MM/DD/YYYY) ___________________________  Occupation ___________________________

Resident Address (Number and Street, City, State, Zip – Not a PO Box) ___________________________

Mailing Address (if different than resident) ___________________________

Work Phone Number (w/area code) ___________________________  Primary Phone Number (w/area code) ___________________________

Email Address ___________________________

Employer Name ___________________________  MCP 80980

NV SYSTEM OF HIGHER EDUCATION

SPOUSE INFORMATION

(Complete only if applying for spouse coverage. Spouse will include your domestic partner as defined by State law.)

Name (Last, First, Ml, Suffix) ___________________________  Country of Citizenship ___________

Date of Birth (MM/DD/YYYY) ___________________________  Age ___________  Social Security Number ___________________________

Gender (M/F) ___________

BENEFICIARY

Primary Name (Last, First, Ml, Suffix) ___________________________  Relationship ___________________________  Percentage ___________  Product(s) (if different) ___________________________

Contingent Name (Last, First, Ml, Suffix) ___________________________  Relationship ___________________________  Percentage ___________  Product(s) (if different) ___________________________

REPLACEMENT INFORMATION

Is the insurance applied for intended to replace or change any coverage you now have with us?

Cancer: (Y/N) ___________  Accident: (Y/N) N/A ___________  Other: (Y/N) N/A ___________

Is the insurance applied for intended to replace or change any coverage you now have with another Company?

Cancer: (Y/N) ___________  Accident: (Y/N) N/A ___________  Other: (Y/N) N/A ___________

NOTE: A person may be covered by only one American Fidelity Assurance Company individual product of similar coverage.

PRODUCT SELECTION (Benefits applied for:)

<table>
<thead>
<tr>
<th>Product</th>
<th>Persons Covered</th>
<th>Plan Selected/ Plan Code/ Amount</th>
<th>Premium</th>
<th>Premium Mode</th>
</tr>
</thead>
</table>
| AG-03 Base
  Basic, Enhanced, Enhanced Plus
  Upgrade – Ben Enh Rider
  Acc Dis Income Rider |
| C1106, C12D06, C12M06 – Level 1, 2, 3, 4 |
| Cancer Rider – Cl Heart |
| Cancer Rider – Cl Cancer |
| Cancer Rider – ICU |
| Cancer Rider – FCB |
| Other |

TOTAL PREMIUM: ___________________________

1 z = Individual; y = Individual & Spouse; x = Individual, Spouse & Child(ren); v = Individual & Children; s = Spouse

HOME OFFICE USE ONLY

<table>
<thead>
<tr>
<th>Policy Number</th>
<th>MCH</th>
<th>Billing Dist ID#</th>
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<tbody>
<tr>
<td>2794</td>
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<tr>
<td>2794</td>
<td>STND</td>
<td></td>
</tr>
</tbody>
</table>

A1291NV 1
# HEALTH HISTORY

(Any person who answers "Yes" will be excluded from applicable coverage) 
(Not applicable if applying for Accident coverage)

| Within the past 3 years, have you (or your spouse, if applicable) received a diagnosis, taken medication and/or had treatment by a member of the medical profession for any of the following: Acquired Immune Deficiency Syndrome (AIDS), AIDS-Related Complex (ARC), or Human Immunodeficiency Virus (HIV)? | Applicant (Yes/No) |
| Spouse (Yes/No) |
| Within the past 3 years, have you (or your spouse, if applicable) received a diagnosis, taken medication and/or had treatment by a member of the medical profession for cancer (other than non-melanoma skin cancer)? | Applicant (Yes/No) |
| Spouse (Yes/No) |

# SIGNATURE AND ACKNOWLEDGEMENT

**ACKNOWLEDGMENT**: I understand and agree that:  
The information in this application will be used to determine my eligibility for insurance; the statements and answers shown in this application are true and complete; the Company may rely upon such answers as the basis of my contract; and no coverage will take effect until the application is approved by the Company, the first premium is received, and a Policy is issued.

**Accident Only**: I understand that no Accident Only benefits will be paid for any loss that occurs while participating in: any sport for pay or profit; any contest of speed in a power driven vehicle for pay or profit; parachuting; bungee jumping; rappelling; mountain climbing or hang gliding. I understand that benefits for Accident Only will only be paid for a Covered Accident that occurs on or after the Effective Date.

I have received and reviewed a copy of the following consumer brochure form number(s): SB-30641-0217

I have also received and reviewed the outline of coverage, if applicable, and any other state mandated forms required at the time of application.

**Warning**: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes a claim for the proceeds of an insurance policy containing any false, incomplete or misleading information or knowingly presents false information in an application for insurance may be guilty of insurance fraud.

I understand the following signature is acceptance and acknowledgement for each policy that is applied for under this application.

<table>
<thead>
<tr>
<th>Applicant Signature or PIN</th>
<th>Signed At</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agent #</td>
<td>Print Agent Name (if any)</td>
<td>Date</td>
</tr>
<tr>
<td>Agent Signature or PIN (if any)</td>
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</tbody>
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