

# Application for Juvenile Term Insurance and Membership

Catholic Fraternal Life 2021 Mascoutah Ave PO Box 327 Belleville, IL 62222-0327

<b>1. CHILD TO BE INSURED (Please Print)</b>				
Name	First	Middle Initial	Last	Gender M <input type="checkbox"/> F <input type="checkbox"/>
Address (No. and Street, City, State, Zip Code)				
Social Security Number	Date of Birth	Age	Telephone	
<b>2. BENEFICIARY (Please Print)</b>				
Name	First	Middle Initial	Last	Relationship

3. I wish to apply for coverage in the amount of:  \$10,000  \$25,000  \$50,000
4. Will any life insurance or annuity policy be replaced or changed because of this application?  Yes  No  
(If "Yes", complete required replacement form(s) and attach.)  
Company \_\_\_\_\_ Policy Number \_\_\_\_\_
5. What is the child to be insured's current: height: \_\_\_\_\_ ft. \_\_\_\_\_ in. and weight: \_\_\_\_\_ lbs.
6. If the child has siblings, does each child have an equal amount of life insurance coverage?  Yes  No
7. Has the child to be insured ever been diagnosed or treated by a member of the medical profession for:
- a. cancer  Yes  No
  - b. stroke  Yes  No
  - c. any deformity, congenital defect or abnormal development  Yes  No
  - d. diabetes  Yes  No
  - e. any heart disorders  Yes  No
  - f. any liver disorders  Yes  No
  - g. any respiratory disorders  Yes  No
  - h. any intestinal disorders  Yes  No
  - i. any urinary disorders  Yes  No
  - j. any mental or emotional disorders  Yes  No
  - k. any neurological disorders  Yes  No
8. Has the child to be insured 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?  Yes  No
9. Has the child received any medical advice, examination, or treatment other than regular pediatric examinations, immunization shots or treatment for childhood disease?  Yes  No

<b>10. Provide details for any question 6 through 9 that was answered "Yes".</b>
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**9. APPLICANT/OWNER (Please Print)**

Name First Middle Initial Last Relationship to Child

Address (No. and Street, City, State, Zip Code)

Social Security Number Date of Birth Age Telephone

**Contingent Owner (If Applicant/Owner Dies)**

Name First Middle Initial Last Relationship to Child

I am the parent, grandparent or guardian and I hereby declare that I have read the foregoing questions and represent each answer to be true and complete to the best of my knowledge and belief. I UNDERSTAND that the Company will rely on my answers and that no insurance will take effect until the premium has been paid and a certificate has been issued while the Insured is living.

**AGENT ONLY**

Will any life insurance or annuity policy be replaced or changed because of this application?  Yes  No

(If "Yes", complete required replacement form(s) and attach.)

Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Printed Name Licensed Agent \_\_\_\_\_ FL License ID \_\_\_\_\_

Signature of Licensed Agent \_\_\_\_\_ Date \_\_\_\_\_

**FRAUD STATEMENT**

I hereby acknowledge and accept the full text of the Fraud Statement as follows:

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.

Signed at \_\_\_\_\_ X \_\_\_\_\_  
City State Date

Applicant/Owner Signature \_\_\_\_\_

**CONDITIONAL RECEIPT**

*All premium checks must be made payable to CATHOLIC FRATERNAL LIFE*

RECEIVED FROM \_\_\_\_\_ THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_\_.

THE SUM OF \$ \_\_\_\_\_ in connection with an application for Juvenile Term Life Insurance in the Amount of

\$ \_\_\_\_\_ as shown on the application on \_\_\_\_\_, the Proposed Insured.

Signature of Licensed Agent FL License ID Print Name