CHUBB®

Chubb Group Critical Cancer Insurance Plan

Underwritten by Federal Insurance Company, a member insurer of the Chubb Group of Companies

UNWAVERING SUPPORT
FOR UNCOMMON HEROES

Local Auxiliary Insurance Application

Sponsored by the VFW Auxiliary

Date Received	Effective Date	First Premium	Premium

Leave above blank. For use by issuing office only.

IMPORTANT — READ OTHER SIDE BEFORE COMPLETING APPLICATION

If your Auxiliary is located in Alaska, Arizona, Arkansas, Delaware, Maine, Maryland, Minnesota, Montana, North Carolina, Oregon, South Dakota or Utah please contact (800) 550-5287 for further information.

Application is hereby made to Federal Insurance Company, a member insurer of the Chubb Group of Companies, for a plan of group insurance as presented to local Auxiliaries of the Veterans of Foreign Wars Auxiliary, based on the following statements and representations:

1. Auxiliary Information

Local Auxiliary Name:	Auxiliary Number:
Address:	
City:	State:
Phone Number:	Auxiliary Email:

2. Auxiliary Membership

Total Number of Paid Members in Your Auxiliary as of June 30th of the prior year: _____
(Show the current total number of members. ***You must remit premium for 100% for this membership figure.***)

3. Coverage Effective Date

You understand that coverage will become effective as of the first day of the calendar month following receipt of this application.
☐ Yes ☐ No

4. Benefits

Check one below (and only one) of the FIVE available plans (A – E) selected by your local Auxiliary:

Coverage Eligibility Conditions Include:		Plan Benefit Amount:						
Cancer Type	**Description**	**Plan A ☐**	**Plan B ☐**	**Plan C ☐**	**Plan D ☐**	**Plan E ☐**	**Plan F ☐**	**Plan G ☐**
Type 1 Cancer	A malignant neoplasm, characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue	$100	$200	$300	$400	$500	$750	$1000
Type 2 Cancer	Cancer where the tumor cells still lie within the tissue of origin without having invaded neighboring tissue	$50	$100	$150	$200	$250	$375	$500
Skin Cancer	Squamos or Basal Cell Carcinoma as diagnosed by a licensed physician	$25	$50	$75	$100	$125	$187.50	$250
Annual Premium Per Member		**$2.46**	**$4.92**	**$7.38**	**$9.84**	**$12.30**	**$18.38**	**$24.50**

*Benefits are payable subject to pre-existing limitations stated in the policy and lifetime maximum.

5. Premium Calculation

The first annual premium shall be calculated at the applicable annual premium rate stated above multiplied by the total number of members written in statement 2 of this application. The renewal premium due date shall be each annual anniversary date following the effective date of coverage for your local Auxiliary.

Fraud Warning Notices
Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any material fact thereto, commits a fraudulent insurance act, which is a crime. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant or Insured Person.

Application Signature

Treasurer Name (Print):	Date (Month, Day, Year):	
Signed By:	Treasurer Phone:	Treasurer Email:

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Premium Calculation Worksheet

Calculate premium as follows:

A. Determine the total number of paid members in Your Auxiliary as of June 30th of the prior year. All new, reinstated and transfer members taken into the Auxiliary after the date used to compute your membership, in accordance with the above instructions, are automatically covered.

B. Based on the instructions in A, above, total Auxiliary membership is (enter this figure in item 2 of the application on the reverse side.)

C. Total Annual Premium

Multiply your total membership (as indicated in B, above) by:

$2.46 if Plan A is selected, or
$4.92 if Plan B is selected, or
$7.38 if Plan C is selected, or
$9.84 if Plan D is selected, or
$12.30 if Plan E is selected, or
$18.38 if Plan F is selected, or
$24.50 if Plan G is selected

_____ X $ _____ = $_____
(Total Membership) (Rate) (Total Annual Premium)

You must remit 100% of the Total Premium figure.

D. Coverage will become effective on the first day of the calendar month following acceptance of your application by AmWINS Group benefits, the administrator for the Veterans of Foreign Wars Auxiliary Critical Cancer Insurance Plan.

E. After determining premium, be sure to complete the application.

See the enclosed brochure for more information on benefits, exclusions and other limitations of coverage.

Please call the VFW Auxiliary Insurance Program call center at (800) 550-5287, between 8am and 8pm Central, for assistance.

Make separate check payable to: AmWINS Group Benefits

Mail together with this completed application to:
Veterans of Foreign Wars Auxiliary, Critical Cancer Insurance Plan
Administered by AmWINS Group Benefits
P.O. Box 153085, Irving, TX 75015-2501

Underwritten by Federal Insurance Company, a member insurer of the Chubb Group of Companies, Whitehouse Station, NJ