

MAIL FORM TO: Washington National Insurance Company  
Education Claims Department  
P.O. Box 2004  
Carmel, IN 46082-2004  
Questions? Please Call 1-800-933-9301

## EDUCATION DIVISION

### APPLICATION FOR CONTINUANCE OF WAIVER OF PREMIUM

(ALL QUESTIONS MUST BE ANSWERED)

FULL NAME	CLAIM NUMBER	DATE OF BIRTH
ARE YOU NOT TOTALLY AND PERMANENTLY DISABLED (PHYSICALLY UNABLE TO WORK FOR PROFIT)		YES <input type="checkbox"/> NO <input type="checkbox"/>
HAVE YOU RESUMED WORK? IF YES, WHEN DID YOU AND BY WHOM EMPLOYED?		YES <input type="checkbox"/> NO <input type="checkbox"/>
IF YOU HAVE NOT RESUMED WORK, WHEN DO YOU EXPECT TO?		
IF CONFINED, TO WHAT EXTENT?		HOME <input type="checkbox"/> NURSING HOME <input type="checkbox"/> HOSPITAL <input type="checkbox"/> BED CONFINED <input type="checkbox"/>
LIST PHYSICIANS CONSULTED DURING PAST 12 MONTHS		
DO YOU HAVE ANY LIFE INSURANCE IN FORCE ON BASIS OF PREMIUM WAIVER? IF YES, GIVE NAME OF COMPANY AND POLICY NUMBERS		YES <input type="checkbox"/> NO <input type="checkbox"/>
HAS SOCIAL SECURITY ADMINISTRATION APPROVED PAYMENT OF SOCIAL SECURITY DISABILITY BENEFITS?		YES <input type="checkbox"/> NO <input type="checkbox"/>
DO YOU UNDERSTAND THAT IT IS YOUR RESPONSIBILITY TO FURNISH PROOF OF YOUR CONTINUING DISABILITY EACH 12 MONTHS?		YES <input type="checkbox"/> NO <input type="checkbox"/>
DO YOU ALSO UNDERSTAND THAT IF YOU RESUME GAINFUL WORK FULL OR PART TIME AND DO NOT NOTIFY WASHINGTON NATIONAL INSURANCE COMPANY IMMEDIATELY, YOU WILL LOSE YOUR CONVERSION RIGHTS?		YES <input type="checkbox"/> NO <input type="checkbox"/>

I authorize any licensed physician, medical practitioner, pharmacist, hospital, clinic, other medical or medically related facility, federal, state or local government agency, insurance or reinsuring company, consumer reporting agency or employer having information available as to diagnosis, treatment and prognosis with respect to any physical or mental condition and/or treatment of me, and any non-medical information about me, to give any and all such information to the particular company to which I am submitting a claim, or to its legal representative. I understand that the information obtained by use of this authorization will be used to evaluate my claim and may be transferred to any organization or person employed by or representing Washington National to assist with this purpose.

This authorization includes information about drugs, alcoholism, mental illness, sexually transmitted disease, Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS).

This authorization is valid during the pendency of my claim and shall expire on the date my claim ends. I understand that my authorized representative or I have the right to request and receive a copy of this authorization. A photocopy of this authorization is as valid as the original.

Failure to sign this authorization may impair our ability to evaluate your non-health claim for benefits. You have the right to revoke this authorization by notifying us in writing. Such revocation may be the basis for denying benefits.

DATE \_\_\_\_\_ 20\_\_\_\_ SIGNED \_\_\_\_\_ TELEPHONE No. \_\_\_\_\_

STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

**FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company that submits an application for insurance or statement of claim containing any materially false information, or conceals information concerning any fact material thereto for the purpose of misleading, may be committing a crime which is subject to criminal and civil penalties.

**AK, DE, RESIDENTS:** A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

**AZ RESIDENTS:** For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

**AR RESIDENTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**CA RESIDENTS:** For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**CO RESIDENTS:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

**DC RESIDENTS:** WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. 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.

**FL RESIDENTS:** 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.

**ID RESIDENTS:** Any person who knowingly and with intent to defraud or deceive an insurer files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

**IN RESIDENTS:** A person who knowingly and with intent to defraud an insurer files a statement of claim containing false, incomplete, or misleading information commits a felony.

**KY RESIDENTS:** Any person who knowingly and with intent to defraud any insurance company or other person files a 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.

**LA RESIDENTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**MN RESIDENTS:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**NM RESIDENTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**ME, TN, VA RESIDENTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**NH RESIDENTS:** Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

**NJ RESIDENTS:** Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

**NY RESIDENTS:** Any person who knowingly and with intent to defraud any insurance company or other person files a 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.

**OH, OR RESIDENTS:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**OK RESIDENTS: WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**PA RESIDENTS:** 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 subjects such person to criminal and civil penalties.

**PR RESIDENTS:** Any person who, knowingly and with the intent to defraud, presents false information in an insurance request form, or who presents, helps or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine of no less than five thousand (5,000) dollars no more than ten thousand (10,000) dollars, or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.