

## NSS LIFE Annuity Applications

## NSS LIFE Insurance Applications

### Insurance Application Forms:

**LA-03 Insurance Application approved for use only in the following states:**

CA – California  
CO – Colorado  
CT – Connecticut  
IL – Illinois  
IN – Indiana  
MI – Michigan  
WV – West Virginia  
WI - Wisconsin

**LA-03-FL Insurance Application approved for use only in the following states:**

FL - Florida

**LA-03-NJ Insurance Application approved for use only in the following states:**

NJ - New Jersey

**LA-03-NY Insurance Application approved for use only in the following states:**

NY - New York

**LA-03-OHIO Insurance Application approved for use only in the following states:**

OH - Ohio

**LA-03-PA Insurance Application approved for use only in the following states:**

PA - Pennsylvania

**LA-03R Conditional Receipt:** All thirteen states the National Slovak Society are licensed. Licensed states include CA – California, CO – Colorado, CT – Connecticut, IL – Illinois, IN – Indiana, MI – Michigan, WV – West Virginia, WI - Wisconsin.

# NSS LIFE Annuity Applications

## Insurance Application Instructions:

Assembly/ Circle #: Completed by Home Office Staff.

Certificate #: Completed by Home Office Staff.

Question 1: Proposed Insured personal information, all questions **must be answered.**

If answer to question “Are you a member of ...” is no, proposed Insurer, must complete Membership Application. - **Required**

Question 2: Owner information, completed only if Proposed Insured is not the owner.

Question 3: Select appropriate Insurance Plan and corresponding Code:

<u>Plan</u>	Code:	
	<u>Male</u>	<u>Female</u>
Ordinary Whole Life	101	111
Twenty Payment Life	113	114
Special 20 Payment Life	115	116
Single Premium Whole Life	151	152
Single Premium Whole Life –Three Pay	153	154
10 Year Level Term Plan	310	311
Term to Age 25 (Unisex)		306
Term to Age 25 (Unisex) - Single Premium		307

Face Amount – enter desired face amount of coverage.

Payment – dollar amount received from Proposed Insurer.

Riders: Check the appropriate box, if Proposed Insurer is electing to add a rider to their policy. If selecting Accidental Death Benefit or Term enter desired amount of coverage.

Premium Mode – is the desired frequency of sending payments made to the NSS, select one of the mode options – **Required, unless selecting one of the Single Premium Life products.**

Dividend Election – select one of the options -**Required.**

“Will the insurance applied for....” – **Required.**

Question 4: Beneficiary, list all requested beneficiaries and/or contingent, completing each field. Share: indicate percentage based on 100%. *Example: Robert Jones, Share: 75% and Elizabeth Jones, Share: 25%.* - **Required.**

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Question 5: As stated respond no or yes, if yes state details to that response, use an extra blank paper if needed. - **Required.**

Question 6: Answer all questions regarding medial information, if yes state details to that response, use an extra blank paper if needed. - **Required**

Insure that the proposed annuitant reads and understand the following sections beginning with #7 Fraud Warning through the Authorization section.

Signed at: indicates the actual City, State and date where and when application is taken and completed with agent.

Signature of the Proposed Insured is **required.**

If Owner is other than Proposed Insurer signature of Owner is required.

Witness signature can not be the Proposed Insurer or Beneficiary. - **Required.**

Adult and/or Member Applicant signature is **required** if the Proposed Insurer is under 16 years of age.

Agent's Statement: **All questions must be answered and legible.**

### Conditional Receipt Instructions:

Received From: Name of Proposed Annuitant or the Proposed Owner of Annuity that completes application and presents monies.

Application on the life of: Name of Proposed Insured.

The sum of: Amount of check received.

Date: Date money received.

Agent: Agent's signature.