

MADISON NATIONAL LIFE INSURANCE COMPANY, INC.

Home Office: 1241 John Q. Hammons Drive, Madison, WI 53717 • 1-800-356-9601

Administered By: North American Benefits Company • 20 Valley Stream Parkway, Suite 310, Malvern, PA 19355

Application for Insurance Portability For Critical Illness Insurance

Applicant Information			
Name of Group Policyholder		Group No.	
Applicant Name (<i>Last, First, Middle</i>)		Social Security No.	
Street Address		Phone No.	
City	State	Zip	
Date of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Email Address	
Dependents (insured at the date of termination) Are You also applying for Dependent portable insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No			
The Applicant must meet the requirements of the Insurance Portability Endorsement to be eligible.			
1. Your employment terminates/terminated on: (<i>month/day/year</i>)			
2. Specific reasoning for employment termination:			
3. Are you currently disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No			
4. Are you currently on a leave of absence? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Applicant Agreement			
By signing this Application, I understand and agree that: <ul style="list-style-type: none">• all statements and answers I have given are complete and true to the best of my knowledge and belief.• I understand no insurance will be effective until Madison National Life Insurance Company, Inc. ("Madison National") approves this Application and receives the required premium.• no person, except an officer of Madison National, is authorized to vary or modify a contract.			
WARNING: 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 may be guilty of a crime and subject to fines, confinement in prison and/or denial of insurance benefits.			
Applicant Signature		Date of Signature	