



New Era Life Insurance Company

**Applicant Certificate of Understanding
Individual Limited Benefit Basic Hospital-Surgical Expense Policy**

P.O. Box 4884, Houston, TX 77210-4884 ♦ 1-800-552-7879

Health *Made*
Simple

POLICY FORM H-0168.NE

APPLICANT _____
Print Name

AGENT: _____
Print Name

APPLICANT'S INITIAL:

- _____ 1. I have received an Outline of Coverage for the coverage for which I have applied. I have reviewed it and understand the benefits, waiting periods, limitations and exclusions.
- _____ 2. I understand that I will not have insurance coverage with NEW ERA LIFE INSURANCE COMPANY until my application has been approved and the Company has notified me that I have been accepted for coverage with a particular effective date.
- _____ 3. I understand that, if a Policy is issued, I or one or more of the family members, listed on the application may not be accepted for insurance by NEW ERA LIFE INSURANCE COMPANY, or may be accepted but may be ridered for exclusion of particular medical conditions, and that I should not let any other coverage lapse until I have received and reviewed the NEW ERA LIFE INSURANCE COMPANY Policy issued in my name.
- _____ 4. I affirm and certify that all questions on the application have been fully and truthfully answered. I have fully disclosed all health history on myself and on all family members listed on the application, and I have not omitted any health history because I thought it was unimportant or because the agent told me it was unimportant. I understand that the agent has no authority to waive or modify any answer to any health question.
- _____ 5. I understand that NEW ERA LIFE INSURANCE COMPANY cannot accept an application if the applicant's employer pays a portion of the premium for the employee. On the application, no portion of the premium will be paid by my employer and I will not be reimbursed by my employer for any of my premium even if my employer deducts the premium from my paycheck and forwards it to NEW ERA LIFE INSURANCE COMPANY.

I understand that a representative of NEW ERA LIFE INSURANCE COMPANY will call me to verify information on my application.

Signed this _____ day of _____, 20_____.

Applicant's Signature

Agent's Signature