

NOTICE TO APPLICANT REGARDING REPLACEMENT OF ACCIDENT AND SICKNESS INSURANCE

If you intend to lapse or otherwise terminate existing insurance and replace it with a new plan from New Era Life Insurance Company, you should be aware of and seriously consider certain factors that may affect your coverage under the new plan:

1. Health conditions that you now have may not be immediately or fully covered under the new plan. This could result in a claim for benefits being denied, reduced, or delayed under the new plan, whereas a similar claim might have been payable under your present plan.
2. If after due consideration, you still wish to terminate your present insurance and replace it with new coverage, be certain to truthfully and completely answer all questions on the application concerning your medical and health history. Failure to include all material medical information or correct information regarding the tobacco use of any applicant may cause the company to deny a future claim and to void your coverage as though it had never been in force. After you have completed the application and before you sign it, reread it carefully. Be certain that all information has been properly recorded.
3. You may wish to secure the advice of your present insurer or its agent regarding the proposed replacement of or addition to your present plan. You should be certain that you understand all the relevant factors involved in replacing or adding to your present coverage.
4. Finally, we recommend that you not terminate your present plan until you are certain that your application for the new plan has been accepted by New Era Life Insurance Company.

NOTICE OF DISCLOSURE OF INFORMATION

Information regarding your insurability will be treated as confidential. However, New Era Life Insurance Company or its reinsurers may request information from the Medical Information Bureau (MIB, Inc.), and make a brief report to it. MIB, Inc. is a non-profit membership organization of life insurance companies established for medical information exchange by its members. If you apply to another MIB member company for life or health insurance or a claim is submitted to such a company the MIB may supply that company with information it has in its file.

Upon receipt of a request from you, the MIB will arrange disclosure of any information it has in its file. If you question the accuracy of information in the file, you may contact the MIB and seek a correction in accordance with the procedures in the Federal Fair Credit Reporting Act. The address of the MIB information office is P. O. Box 105, Essex Station, Boston, Massachusetts 02112. Their telephone number is (617) 426-3660. The Company and its reinsurers may forward information in its file to its reinsurers and to other life and health insurance companies to whom you apply for insurance or to whom a claim is submitted.

NOTICE REGARDING CONSUMER REPORTS

Thank you for your application. As a part of our normal processing procedure, a routine investigative consumer report may be made concerning the proposed insured's character, general reputation, personal characteristics and mode of living. This information will be obtained through personal interviews with your friends, neighbors and associates. If such a report is made, we will provide you with further information about the nature and scope of the report upon receipt of your written request.

RECEIPT FOR ADVANCE PREMIUM PAYMENT

Received from _____ a payment of \$ _____ by

Check Other _____ Authorization for Preauthorized Check (complete authorization form)

for the first _____ month(s)' premium beginning with the date of the Policy. The amount will be returned if the coverage is not issued. The insurance plan applied for are listed in the application. Please notify the Company if not received within 30 days. It is very important that complete medical history be recorded on the application.

It is distinctly understood that the Policy applied for will not be effective until actually issued by the Company, and the Company is not liable for any loss whatsoever sustained before the Policy is actually issued, and is then liable only as provided and limited in the Policy. All benefits are subject to the contract provisions. No oral statement by or to the soliciting agent shall be effective to alter any written provision of the application or the insurance contract if and when same may be issued by the Company.

The agent and medical examiner cannot accept risks or waive any of the Company's rights or requirements. This receipt is not valid unless it is signed by an agent of the Company, the Proposed Insured and/or the Owner. All premium checks shall be made payable to New Era Life Insurance Company. DO NOT MAKE CHECKS PAYABLE TO THE AGENT OR LEAVE THE PAYEE BLANK.

I HAVE RECEIVED AND READ THIS RECEIPT. IT HAS BEEN EXPLAINED TO ME BY THE AGENT. I UNDERSTAND AND AGREE TO ALL THE CONDITIONS AND LIMITATIONS.

Date

X _____
Signature of Proposed Insured

Agent

X _____
Owner, if other than Proposed Insured

THIS FORM MUST BE DELIVERED TO THE PROPOSED INSURED