

SOUTHWEST SERVICE LIFE INSURANCE CO.

A Stipulate Premium Company • Administrative Office: Fort Worth, Texas

Instructions to Agent: This form is provided for the purpose of compliance with regulations regarding (A) expired coverage or (B) the replacement of accident and sickness insurance.

- A. When the replacement question on the application is answered NO, the following must be answered: Has any proposed insured had "Medical Insurance" within the last 18 months? _____ If YES, was the coverage under a church plan, group health plan or government plan? _____ If YES, attach to this form copies of Certificate of Creditable Coverage which must be submitted with this form and the application to be considered for a policy.
- B. When the replacement questions on the application is answered YES, this form must be dated, signed by the applicant, and submitted with the application, AND a copy of this form must be left with the applicant.

NOTICE TO APPLICANT REGARDING REPLACEMENT OF ACCIDENT AND SICKNESS INSURANCE

According to your application, you intend to lapse or otherwise terminate existing accident and sickness insurance and replace it with a policy to be issued by Southwest Service Life Insurance Co.

Your new policy provides 10 days in which you may decide, without cost, if you are not satisfied with the policy. The policy may be returned to our Home Office within 10 days and we will refund any premium paid.

For your own information and protection, you should be aware of and seriously consider certain factors which may affect the insurance protection available to you under the new policy.

1. Health conditions which you may presently have, pre-existing conditions, may not be immediately or fully covered under the new policy. This could result in denial or delay of a claim for benefits under the new policy, whereas a similar claim might have been payable under your present policy.
2. You may wish to secure the advice of your present insurer or its agent regarding the proposed replacement of your present policy. This is not only our right, but it is also in your best interests to make sure you understand all the relevant factors involved in replacing your present coverage.
3. If, after due consideration, you still wish to terminate your present policy and replace it with new coverage, be certain to truthfully and completely answer all questions on the application concerning your medical/health history. Failure to include all material medical information on an application may proved a basis for the company to deny any future claims and to refund your premium as though your policy had never been in force. After the application has been completed and before you sign it, re-read it carefully to be certain that all information has been properly recorded.

The above "Notice to applicant" was delivered to me on: _____
DATE

Applicant's Signature

Southwest Service Life Insurance Company
A Stipulated Premium Company. Administrative Office: Ft Worth, Texas

**APPLICANT'S ACKNOWLEDGMENT OF UNDERSTANDING
and DESCRIPTION OF AGENT'S AUTHORITY**

Insurance agent, _____, talked with me about applying for insurance with Southwest Service Life Insurance Company and gave me an outline of coverage for the policy that I am applying for. The agent showed me on the outline of coverage the description of the policy benefits, the waiting periods and the limitations and exclusions, which I read and understand.

I have personally answered each question on the application, including the health history questions, and I read the application before signing it to make sure all the questions were answered correctly. No one told me to leave out any information asked for in the application.

I understand the agent taking this application does not have any authority to leave out any information that is asked for in the application. All the information I told the agent about my health history, and the health history of any other applicant, is written on the application. The agent explained that the company will rely on my answers in the application in deciding whether or not to issue a policy to me.

I understand that no insurance will become effective until a policy is actually issued by the company and that making this application and paying the initial premium does not guarantee that a policy will be issued. I understand the agent taking my application has no authority to guarantee me that a policy will be issued.

**I HAVE READ AND UNDERSTOOD THE ABOVE
STATEMENTS BEFORE SIGNING THIS DOCUMENT.**

SIGNED:

AGENT

APPLICANT

CO-APPLICANT

DATE

DATE

Southwest Service Life Insurance Company
A Stipulated Premium Company. Administrative Office: Ft Worth, Texas

I CERTIFY THAT _____ IS A DEPENDENT, UNMARRIED CHILD AND IS ENROLLED IN AND ATTENDING AN ACCREDITED UNIVERSITY OR COLLEGE AS A FULL TIME STUDENT.
