

Disclaimer



Insurance can be effective only after the underwriting department receives and reviews your application. The earliest effective date will be the next day after the review.

Underwriting department is open from Monday through Friday, 7 AM to 4 PM, Pacific Time, excluding holidays.

By submitting this paper application, you acknowledge and agree that:

- Back dated applications are not possible.
- Requested effective date is not always guaranteed.
- It does not matter when you send the application by postal mail, fax or scanned copy in email.
- It does not matter when the postal mail, fax or email was received by us, as the underwriting department can consider the effective date only according to when they review the application.
- If there is any dispute between you and the underwriting department about when the effective date should be, the decision of the underwriting department will be final.
- You hold Insubuy and the writing agent (if any) harmless and relieve us from any liability because of this.

If the above terms are not acceptable to you, please do not submit the application.

If you need to purchase the insurance urgently with a specific effective date, please call our office at (866) INSUBUY or the writing agent to confirm, before sending the application.



PETERSEN INTERNATIONAL UNDERWRITERS

Coverholder at Lloyd's of London

Domestic and International Disability - Medical - Life - Contingency Insurance Coverages

Bridge Plan Attestations

As stated in the Petersen marketing bulletin, dated 12/28/2018, a Bridge Plan application submitted to Petersen International Underwriters on or after 1/1/2019 requires two additional attestations.

To be eligible for the Bridge Plan coverage, you must attest to the following statements:

- I attest that I am not eligible for Medicare or Affordable Care Act (PPACA) compliant insurance.
- I attest that I have tried, but was unable to obtain short-term medical insurance.

Reason _____

I understand and agree that all statements above, to the best of my knowledge and belief, are complete and true.

Insured's Signature _____

Date _____

The Bridge Plan Application Form

Producer Number: _____

To be eligible for the Bridge Plan coverage, you must attest to the following statements:

- I attest that I am not eligible for Medicare or Affordable Care Act (PPACA) compliant insurance.
- I attest that I have tried, but was unable to obtain short-term medical insurance. Reason _____

Applicant's Name: First _____ Middle _____ Last _____

Date of Birth: _____ / _____ / _____ Height: _____ Weight: _____ Sex: Male Female

Residence Address: _____

City _____ State _____ Zip Code _____

E-mail: _____ Telephone (____) _____ - _____ Fax (____) _____ - _____

Requested Start Date: _____ Date you expect to be eligible for Medicare: _____

- Plan Type: **Platinum** (\$1,000,000 Max. & \$1,000 Deductible) **Gold** (\$500,000 Max. & \$2,500 Deductible)
 Silver (\$250,000 Max. & \$5,000 Deductible) **Bronze** (\$100,000 Max. & \$10,000 Deductible)

Coverage Type: Bridge Part A & B Bridge Part A Only Bridge Part B Only

Last healthcare provider seen: a. Date and reason last seen: _____
 b. Results of last visit: _____

If "Yes" is answered, please provide full details in the area provided below or attach a separate page if needed

1. Do you intend to engage in sports or any other pastimes that expose you to extra personal injury? Yes No
2. Have you ever been declined or accepted on special terms for life, accident or illness insurance? Yes No
3. Have you ever had any abnormal tests or blood work that have required additional evaluation or treatment? Yes No
4. Have you ever been evaluated or treated for any injury, condition or disorder involving the following? Yes No

a. Eyes/Ears	<input type="checkbox"/> Yes <input type="checkbox"/> No	o. Back/spine/neck	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Gout	<input type="checkbox"/> Yes <input type="checkbox"/> No	p. Throat/Thyroid/Glands	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Skin	<input type="checkbox"/> Yes <input type="checkbox"/> No	q. Bones/Bone Density	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Hernia	<input type="checkbox"/> Yes <input type="checkbox"/> No	r. Arthritis/Joints (Hips Knees, Shoulders)	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No	s. Fainting/Dizziness/Unconsciousness	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. HIV/AIDS	<input type="checkbox"/> Yes <input type="checkbox"/> No	t. Fatigue/Tiredness/Paralysis/Weakness	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Sleep apnea	<input type="checkbox"/> Yes <input type="checkbox"/> No	u. Nervous System/Alzheimer's/Dementia	<input type="checkbox"/> Yes <input type="checkbox"/> No
h. Gallbladder	<input type="checkbox"/> Yes <input type="checkbox"/> No	v. Mental/Emotional/Psychiatric	<input type="checkbox"/> Yes <input type="checkbox"/> No
i. Concussions	<input type="checkbox"/> Yes <input type="checkbox"/> No	w. Respiratory System/Asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No
j. Chronic Pain	<input type="checkbox"/> Yes <input type="checkbox"/> No	x. Circulatory system	<input type="checkbox"/> Yes <input type="checkbox"/> No
k. Lymph nodes	<input type="checkbox"/> Yes <input type="checkbox"/> No	y. Reproductive system	<input type="checkbox"/> Yes <input type="checkbox"/> No
l. Cancer/Growth	<input type="checkbox"/> Yes <input type="checkbox"/> No	z. Gastrointestinal System	<input type="checkbox"/> Yes <input type="checkbox"/> No
m. High blood pressure	<input type="checkbox"/> Yes <input type="checkbox"/> No	aa. Urinary system/Prostate	<input type="checkbox"/> Yes <input type="checkbox"/> No
n. Heart/Chest Pain/Stroke	<input type="checkbox"/> Yes <input type="checkbox"/> No	ab. Any other condition not listed above	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Has your weight changed in the past year? Yes No
6. Have you ever undergone a surgical operation? Yes No
7. Have you taken any medicines in the past 12 months? Yes No
8. Have you ever been recommended to have any procedure(s), exam(s), treatment(s), and/or test(s) that have not been completed? Yes No
9. Other than the medical conditions noted on this application, I am in good health. Yes No
10. Do you need any assistance to perform activities of daily living (feeding, bathing, dressing)? Yes No

Questions # _____ Dates & Details: _____
 Questions # _____
 Questions # _____
 Questions # _____

DECLARATION

I declare that the above statements are true and complete. I am in good health and ordinarily enjoy good health. I agree that this proposal shall form the basis of the contract should the insurance be effected and any misstatements above may be grounds for rescission. I understand that this is a temporary insurance policy designed to cover the insured person for medical expenses incurred during the policy period and a new period of insurance is only available at the option of the underwriter and is subject to a new pre-existing condition exclusion. I understand the terms and conditions of this product. I also understand that since this is a temporary policy it is exempt from the Patient Protection and Affordable Care Act (PPACA) so pre-existing conditions are not covered by this policy.

Proposed Insured _____ Signature _____ Date _____

Please Print



PAYMENT AUTHORIZATION FORM

Petersen International Underwriters
23929 Valencia Boulevard, Second Floor, Valencia, CA 91355

Pre-Authorized Monthly \$ _____

Insured's Name		
Account Billing Address		
City	State	Zip
Email		Phone

Option 1) Credit Card -



Card #

Expiration Date: /

Security Code:

Name on Card:

Visa, Mastercard and Discover Members
Your CVV Number is a 3-digit number located after your account number in the signature strip on the back of your card.

American Express Members
Your CVV Number is a 4-digit number located above your account number to the left or right on the front of your card.

Option 2) Electronic Check - (Must be a U.S. Bank Account)

Select Account Type:

Checking **Routing #**
(9-digits)

Saving **Account #**

Name on Account

Please Include a Copy of a Voided Check

I understand that this authorization will remain in effect until Petersen International Underwriters receives a written request from me to cancel my automatic withdrawal at least 3 days prior to the next scheduled withdrawal or until Petersen International Underwriters elects to cancel this agreement. I understand that if two or more deductions are not honored, Petersen International Underwriters has the right to discontinue my enrollment in the Electronic Funds Transfer Payment Plan. I hereby authorize Petersen International Underwriters to debit my account for the correct installment premium on the due dates of the installments. I understand that my coverage is not in effect until all requirements have been submitted and approved by Petersen International Underwriters. I acknowledge that the origination of EFT transactions to my account must comply with the provision of U.S. law.

Signature: _____ Date: _____

Monthly Premium Rates

Age	Platinum \$1,000,000 Maximum Benefit \$1,000 Deductible	Gold \$500,000 Maximum Benefit \$2,500 Deductible	Silver \$250,000 Maximum Benefit \$5,000 Deductible	Bronze \$100,000 Maximum Benefit \$10,000 Deductible
	60	\$436	\$313	\$207
61	\$438	\$323	\$219	\$145
62	\$441	\$333	\$231	\$155
63	\$443	\$342	\$244	\$166
64	\$445	\$352	\$256	\$176
65	\$448	\$362	\$269	\$186
66	\$450	\$372	\$281	\$196
67	\$452	\$381	\$293	\$207
68	\$454	\$391	\$306	\$217
69	\$457	\$401	\$318	\$227
70	-	\$411	\$330	\$238
71	-	\$421	\$343	\$249
72	-	\$431	\$355	\$259
73	-	\$441	\$367	\$269
74	-	\$450	\$380	\$279
75	-	\$460	\$392	\$290
76	-	\$470	\$405	\$300
77	-	\$480	\$417	\$310
78	-	\$489	\$429	\$320
79	-	\$499	\$442	\$331
80	-	-	-	\$340
81	-	-	-	\$351
82	-	-	-	\$361
83	-	-	-	\$371
84	-	-	-	\$381
85	-	-	-	\$392
86	-	-	-	\$402
87	-	-	-	\$412
88	-	-	-	\$423
89	-	-	-	\$433
90+	Contact Our Office For Options.			

Additional Calculations:

- For Part A coverage only = above rates x .60
- For Part B coverage only = above rates x .60