

MADISON NATIONAL LIFE INSURANCE COMPANY, INC.

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

Administered By: Bay Bridge Administrators, LLC, P.O. Box 161690, Austin, Texas 78716 • (800) 845-7519

Enrollment Form for Insurance Portability Group Voluntary Term Life Insurance To Age 120

General Information		
Name of Group Policyholder		Group Policy No.
Name (Last, First, Middle)		Social Security No.
Street Address (City, State, Zip)		
Home Phone No.	Date of Birth	Email Address
Insurance Amount Information		
You may elect to keep the current amounts of insurance you had with your prior Group or elect a lower amount. You may only elect spouse and/or child insurance if you are electing insurance for yourself and if your spouse and/or child were also insured under the Group Policy at the time of your termination. [Note: You are not eligible for insurance portability if your insurance under the Group Policy is being continued under the Waiver of Premium Endorsement.]		
Please “ <input checked="" type="checkbox"/> ” one box for each insurance you are electing and write in the amount elected, if applicable.		
Insured’s Insurance <input type="checkbox"/> Elect to keep current life amount <input type="checkbox"/> Elect a lower life amount (below) \$ _____ <input type="checkbox"/> Keep Accidental Death Endorsement <input type="checkbox"/> Keep Accelerated Life Endorsement	Spouse Insurance <input type="checkbox"/> Elect to keep current life amount <input type="checkbox"/> Elect a lower life amount (below) \$ _____	Child Insurance <input type="checkbox"/> Elect to keep life insurance
Premium Payment Information		
Amount enclosed \$ _____		
Payment Mode <input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual *Bank Draft required for Monthly Payment frequency		
Payment Type (1) - <input type="checkbox"/> Bank Draft (<input type="checkbox"/> Checking or <input type="checkbox"/> Savings) or (2) Direct Bill Invoice (non-monthly)		
(1) - Name of Financial Institution/Bank and Street Address (City, State, Zip or Country)		
Routing No.	Account No.	
Bank Draft date: Premium will be drafted on the 15 th of each month		

Agreement and Signature

By signing this Enrollment Form, I understand and agree that:

- I authorize Madison National Life Insurance Company, Inc. (“Madison National Life”) to initiate deductions to pay life insurance premiums from the account above and to charge these deductions to my account. I acknowledge that the origination of ACH transactions to my account must comply with U.S. law. This authority remains in effect until Madison National Life receives written notification from me of my termination and in a time and manner allowing Madison National Life and the Bank a reasonable opportunity to act on it (30 days)
- Madison National Life will bill me for future premium payments.
- All statements and answers I have given are complete and true to the best of my knowledge and belief.
- No insurance will be effective until Madison National Life receives the required premium.
- My Insurance Portability Benefit Endorsement will be in effect and replace the Group Policy. All portable insurance is subject to the terms and conditions of the Endorsement and my Certificate.
- No person, except an officer of Madison National Life, 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.

Signature

Date of Signature