

# Guide to Completing a PlanRight Life Insurance Application



The Independent Order of Foresters ("Foresters") U.S. Mailing Address: www.foresters.com  
759 Don Mills Road, P.O. Box 179 T. 800 828 1540  
Toronto, Canada M3C 1T9 Buffalo, NY 14201-0179

A Fraternal Benefit Society

Foresters  
Investing · Sharing · Inspiring

### Application for Individual Life Insurance.

**1. Proposed Insured.**

First name.		Middle name.	Last name.		Sex: <input type="radio"/> Male <input type="radio"/> Female
Street address.			City.	State.	Zip code.
Home phone no.	Alternate phone/Cell no.	Date of birth (mm/dd/yyyy).	State & Country of birth.		Social security number.
Foresters member? <input type="radio"/> Yes. <input type="radio"/> No, applying for membership.		Height.	Weight.	Used tobacco in any form within the past 12 months? <input type="radio"/> Yes. <input type="radio"/> No	

**2. Medical Questions. "Diagnosed", "advised" and "treatment", mean by a licensed physician or medical practitioner.**

**Part A.**

- Is the proposed insured currently confined to a hospital, or a psychiatric, nursing or correctional facility or receiving home health care or receiving or been advised to receive hospice care?  Yes.  No.
- Does the proposed insured currently use a wheelchair, or require assistance with activities of daily living such as taking medications, bathing, dressing, eating or toileting?  Yes.  No.
- Has the proposed insured:
  - Within the past 12 months, used or been advised to use oxygen equipment to assist in breathing, or had dialysis?  Yes.  No.
  - Within the past 12 months, been advised to have a diagnostic test, surgery, home health care or hospitalization which has not yet been started, completed or for which results are not known?  Yes.  No.
  - Ever been diagnosed with Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC), or tested positive for Human Immunodeficiency Virus (HIV)?  Yes.  No.
  - Ever received or been advised to receive an organ or tissue transplant?  Yes.  No.
  - Ever been diagnosed with Alzheimer's disease, dementia, Amyotrophic Lateral Sclerosis (ALS), or a terminal illness?  Yes.  No.

**\*Terminal illness\* is defined as any illness diagnosed that would reasonably be expected to cause death within 12 months.**

**If a 'Yes' answer in Part A, the proposed insured is not eligible for Foresters PlanRight. Do not complete or submit this Application. If all 'No' answers, complete Part B.**

**Part B. Complete all questions and circle the condition(s) to which each 'Yes' answer, if any, applies.**

- Has the proposed insured:
  - Within the past 12 months, had treatment or counseling for alcohol, drug or substance abuse or addiction?  Yes.  No.
  - Within the past 2 years, had heart or circulatory surgery, or had or been diagnosed as having a heart attack, congestive heart failure, cardiomyopathy, stroke, Transient Ischemic Attack (TIA), aneurysm, or a brain tumor?  Yes.  No.
  - Within the past 2 years, been diagnosed with or had treatment for insulin shock, diabetic coma, or had an amputation due to complications of diabetes?  Yes.  No.
  - Within the past 3 years, been diagnosed with or had treatment for cancer (excluding basal skin cancer)?  Yes.  No.

**If a 'Yes' answer in Part B, select Foresters PlanRight (With a modified death benefit) in Section 6. If all 'No' answers, complete Part C.**

**Part C. Complete all questions and circle the condition(s) to which each 'Yes' answer, if any, applies.**

- Within the past 2 years has the proposed insured been diagnosed with, prescribed medication for, or had or been advised to have treatment for:
  - Parkinson's disease or Systemic Lupus (SLE)?  Yes.  No.
  - Cirrhosis of the liver, chronic hepatitis or other liver disorder, kidney failure, or other chronic kidney disease?  Yes.  No.
  - Chronic Obstructive Pulmonary Disease (COPD) or emphysema?  Yes.  No.

**If a 'Yes' answer in Part C, select Foresters PlanRight (With a graded death benefit) in Section 6. If all 'No' answers, select Foresters PlanRight (With a level death benefit) in Section 6.**

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1. Pre-screening (“Yes” to Part A, then cancel & shred)
2. Complete and sign sections 1-10
3. PHI, MIB and script check
4. Plan selection confirmation
5. Complete, sign and/or distribute sections 11-13
6. Collection of premium
7. The Producer Report must also be completed
8. Application submission to Forester

# Step 1: PRE-SCREENING

## Part A of Section 2

The Independent Order of Foresters ("Foresters")  
 789 Don Mills Road.  
 Toronto, Canada M3C 1T9  
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**Application for Individual Life Insurance.**

**1. Proposed Insured.**

First name. Middle name. Last name. Sex:  Male  Female

Street address. City. State. Zip code.

Home phone no. Alternate phone/Cell no. Date of birth (mm/dd/yyyy). State & Country of birth. Social security number.

Foresters member?  Yes  No (If Yes, applying for membership)

Height. Weight. Used tobacco in any form within the past 12 months?  Yes  No

**2. Medical Questions.** (This section is circled in red in the image)

Part A. (This section is circled in red in the image)

1. Has the proposed insured ever been admitted to a psychiatric, nursing or correctional facility or receiving hospice care?  Yes  No

2. Does the proposed insured ever use a wheelchair, or require assistance with activities of daily living such as taking medications, bathing, dressing, eating or toileting?  Yes  No

3. Has the proposed insured:

a) Within the past 12 months, used or been advised to use oxygen equipment to assist in breathing, or had dialysis?  Yes  No

b) Within the past 12 months, been advised to have a diagnostic test, surgery, home health care or hospitalization which has not yet been started, completed or for which results are not known?  Yes  No

c) Ever been diagnosed with Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC), or tested positive for Human Immunodeficiency Virus (HIV)?  Yes  No

d) Ever received or been advised to receive an organ or tissue transplant?  Yes  No

e) Ever been diagnosed with Alzheimer's disease, dementia, Amyotrophic Lateral Sclerosis (ALS), or a terminal illness?  Yes  No

\*Terminal illness\* is defined as any illness diagnosed that would reasonably be expected to cause death within 12 months.

If a 'Yes' answer in Part A, the proposed insured is not eligible for Foresters PlanRight. Do not complete or submit this Application. If all 'No' answers, complete Part B.

**Part B. Complete all questions and circle the condition(s) to which each 'Yes' answer, if any, applies.**

1. Has the proposed insured:

a) Within the past 12 months, had treatment or counseling for alcohol, drug or substance abuse or addiction?  Yes  No

b) Within the past 2 years, had heart or circulatory surgery, or had or been diagnosed as having a heart attack, congestive heart failure, cardiomyopathy, stroke, Transient Ischemic Attack (TIA), aneurysm, or a brain tumor?  Yes  No

c) Within the past 2 years, been diagnosed with or had treatment for insulin shock, diabetic coma, or had an amputation due to complications of diabetes?  Yes  No

d) Within the past 3 years, been diagnosed with or had treatment for cancer (excluding basal skin cancer)?  Yes  No

If a 'Yes' answer in Part B, select Foresters PlanRight (With a modified death benefit) in Section 6. If all 'No' answers, complete Part C.

**Part C. Complete all questions and circle the condition(s) to which each 'Yes' answer, if any, applies.**

1. Within the past 2 years has the proposed insured been diagnosed with, prescribed medication for, or had or been advised to have treatment for:

a) Parkinson's disease or Systemic Lupus (SLE)?  Yes  No

b) Cirrhosis of the liver, chronic hepatitis or other liver disorder, kidney failure, or other chronic kidney disease?  Yes  No

c) Chronic Obstructive Pulmonary Disease (COPD) or emphysema?  Yes  No

If a 'Yes' answer in Part C, select Foresters PlanRight (With a graded death benefit) in Section 6. If all 'No' answers, select Foresters PlanRight (With a level death benefit) in Section 6.

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### Reminder

- Print legibly in ink
- Any corrections must be initialed by the owner, proposed insured and the producer. Do not use any white out

- For pre-screening purposes, complete Part A of section 2 (Medical Questions) first:
  - If any "yes" is answered in Part A, do not complete or submit the application. The application must be shredded
  - If all answers are "no", complete and have signed sections 1-10 of the application

# Step 2: SECTIONS 1-10 OF THE APPLICATION

## Sections 1 & 2

The Independent Order of Foresters ("Foresters")  
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**Application for Individual Life Insurance.**

**1. Proposed Insured.**

First name. Middle name. Last name. Sex:  Male  
 Female

**PlanRight uses "age last birthday"**

Foresters member?  Yes.  No, applying for membership. Height. Weight. Used tobacco in any form within the past 12 months?  Yes.  No

**2. Medical Questions. "Diagnosed", "advised" and "treatment", mean by a licensed physician or medical practitioner.**

**Part A.**

- Is the proposed insured currently confined to a hospital, or a psychiatric, nursing or correctional facility or receiving home health care or receiving or been advised to receive hospice care?  Yes.  No.
- Does the proposed insured currently use a wheelchair, or require assistance with activities of daily living such as taking medications, bathing, dressing, eating or toileting?  Yes.  No.
- Has the proposed insured:
  - Within the past 12 months, used or been advised to use oxygen equipment to assist in breathing, or had dialysis?  Yes.  No.
  - Within the past 12 months, been advised to have a diagnostic test, surgery, home health care or hospitalization which has not yet been started, completed or for which results are not known?  Yes.  No.
  - Ever been diagnosed with Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC), or tested positive for Human Immunodeficiency Virus (HIV)?  Yes.  No.
  - Ever received or been advised to receive an organ or tissue transplant?  Yes.  No.
  - Ever been diagnosed with Alzheimer's disease, dementia, Amyotrophic Lateral Sclerosis (ALS), or a terminal illness?  Yes.  No.

\*Terminal illness is defined as any illness diagnosed that would reasonably be expected to cause death within 12 months.  
If a 'Yes' answer in Part A, the proposed insured is not eligible for Foresters PlanRight. Do not complete or submit this Application.  
If all 'No' answers, complete Part B.

**Part B. Complete all questions and circle the condition(s) to which each 'Yes' answer, if any applies.**

- Has the proposed insured:
  - Within the past 12 months, had treatment or counseling for alcohol, drug or substance abuse or addiction?  Yes.  No.
  - Within the past 2 years, had heart or circulatory surgery, or had or been diagnosed as having a heart attack, congestive heart failure, cardiomyopathy, stroke, Transient Ischemic Attack (TIA), aneurysm, or a brain tumor?  Yes.  No.
  - Within the past 2 years, been diagnosed with or had treatment for insulin shock, diabetic coma, or had an amputation due to complications of diabetes?  Yes.  No.
  - Within the past 3 years, been diagnosed with or had treatment for cancer (excluding basal skin cancer)?  Yes.  No.

If a 'Yes' answer in Part B, select Foresters PlanRight (With a modified death benefit) in Section 6. If all 'No' answers, complete Part C.

**Part C. Complete all questions and circle the condition(s) to which each 'Yes' answer, if any applies.**

- Within the past 2 years has the proposed insured been diagnosed with, prescribed medication for, or had or been advised to have treatment for:
  - Parkinson's disease or Systemic Lupus (SLE)?  Yes.  No.
  - Cirrhosis of the liver, chronic hepatitis or other liver disorder, kidney failure, or other chronic kidney disease?  Yes.  No.
  - Chronic Obstructive Pulmonary Disease (COPD) or emphysema?  Yes.  No.

If a 'Yes' answer in Part C, select Foresters PlanRight (With a graded death benefit) in Section 6. If all 'No' answers, select Foresters PlanRight (With a level death benefit) in Section 6.

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### ➤ Section 1 – Proposed Insured

### ➤ Part B&C of section 2

- If the client answers "No" to all questions in Part A, but "Yes" to one or more questions in Part B, the client is eligible to apply for **PlanRight – Modified**
- If the client answers "No" to all questions in Part A & B, but "Yes" to one or more questions in Part C the client is eligible to apply for **PlanRight – Graded**
- If the client answers "No" to all questions in all three parts, the client is eligible to apply for **PlanRight – Level**

# Step 2: SECTIONS 1-10 OF THE APPLICATION

## Sections 3 to 5

### 3. Owner. (Complete only if other than the proposed insured).

The owner can be the proposed insured or a 3rd party (e.g. business, trust or individual with an insurable interest).

### 4. Beneficiary Information. (Revocable.)

Acceptable beneficiaries are any dependents, spouse, children, 3rd party business or designated charities.

### 5. Other Insurance.

Indicate all certificates in-force, including group and whether in-force insurance will be replaced.

- Section 3 – Owner information
  - Fill out the owner information only if the proposed insured is not the owner
- Section 4 – Beneficiary information
  - The proceeds of the certificate must benefit the proposed insured's surviving family or estate (directly or indirectly).
- Section 5 – Other Insurance
  - Producers must comply with any replacement laws and regulations and are expected to offer suitable products and services to meet the proposed insured's needs.

# Step 2: SECTIONS 1-10 OF THE APPLICATION

## Section 6

**6. Insurance Applied For.**

Certificate type:  Foresters PlanRight (With a level death benefit.)  Foresters PlanRight (With a graded death benefit.)  Foresters PlanRight (With a modified death benefit.)

Insurance amount: \$ \_\_\_\_\_ Premium amount: \$ \_\_\_\_\_ (based on payment mode.)

Additional information:

Automatic selection (With a level death benefit.)  Yes  No

selecting or applying as per (i) above, but not qualifying, for Foresters PlanRight (With a graded death benefit), the owner is instead automatically applying in this Application for Foresters PlanRight (With a modified death benefit); (ii) the proposed insured qualifies for the certificate selected above but the premium amount paid with this Application is not sufficient for the insurance amount shown above, Foresters shall issue that certificate type for a reduced insurance amount based on the above, or modified if necessary according to the applicable rates, premium amount for that reduced insurance amount. If the premium amount shown above is more or less than the amount required for the certificate type issued, Foresters will increase or decrease the insurance amount and/or premium for that certificate.

Is there an intention that a person or entity, other than the owner, will obtain a right, title, or interest in a certificate issued (includes possible assignment)? \_\_\_\_\_  Yes  No

Automatic premium loan provision elected? \_\_\_\_\_  Yes  No

If 'Yes', overdue premium may be deducted from, and become a loan against, available cash value.

**Select the plan type, based on the answers from the Medical Questions in Section 2.**

### ➤ Section 6 – Insurance Applied For

- Enter the insurance amount and premium amount
- Rider available for PlanRight Level only:
  - o Accidental Death Rider
- Automatic Selection
  - o If Level is selected but proposed insured does not qualify, graded plan is automatically applied for
  - o If Graded is selected but proposed insured does not qualify, modified plan is automatically applied for
  - o The producer will be notified of situations where the face amount is more or less than applied for, based on the premium submitted, and allowed 24 hours to advise us not to proceed. Otherwise, the certificate will be issued for the adjusted face amount.

# Step 2: SECTIONS 1-10 OF THE APPLICATION

## Sections 7 & 8

**7. Payment Information.**

First premium payment provided by:  Draft first premium via Pre-Authorized Check (PAC).  Other (Complete Payer ID form.)  Check/Money order (payable to Foresters.)

Subsequent premium payments made by (select one):  PAC.  Direct bill.

Payment mode (select one):  Annually.  Semi-annually.  Quarterly.  Monthly (PAC only.)

PAC banking information:  
 Checking account. Attach void check.  
 Savings account (no check available). If selected, complete the following:

Name of financial institution: \_\_\_\_\_  
Street address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Transit number: \_\_\_\_\_ Account number: \_\_\_\_\_

Does the payer want a specific draft date?  Yes.  No.  
If "Yes", draft on the \_\_\_\_\_ day of the month (choose between the 1<sup>st</sup> and the 28<sup>th</sup>.)

The payer agrees that: 1. Foresters is authorized to draft deductions under the PAC plan from the account identified in the PAC banking information section or another account later identified or substituted by the payer. 2. The financial institution from which payments are to be drafted is authorized to treat each draft by Foresters as though it was made personally by the payer. 3. Foresters reserves the right to determine when the first deduction, if any, will be made and the amount of that deduction according to the certificate type issued. 4. This PAC plan is effective immediately and will continue until terminated, which either the payer or Foresters may do at any time by written notice to the other.

X \_\_\_\_\_  
Payer's signature.

**8. Agreements**

I, \_\_\_\_\_, as either the proposed insured or the owner, I, as evidenced by my signature in this Application, declare that I have read this Application. I was asked every question that applies to me and provided the answers shown, in this Application, to those questions. All statements and representations contained in this Application are full, complete, and true. All statements made in this Application are true and correct to the best of my knowledge and belief.

The proposed insured and owner (if other than then proposed insured) must read and understand the agreements

not file an application for insurance or a statement of interest containing any material false information or otherwise for the purpose of insuring, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and may subject such person to criminal and civil penalties.

- Section 7 – Payment Information
  - Must be completed and signed **by the payer**
  - If PAC is requested, all PAC requirements must be met and PAC is fully explained to the payer. PAC authorization is effective immediately
  - Payments by check or money order must be made payable to Foresters and must be dated no later than the date the application was signed
  - For faxed applications, include a photocopy of the void check.
  - Cash is not permitted
  - Checks received with applications will be cashed and “held” until the certificate issue date.

➤ Section 8 - Agreements

# Step 2: SECTIONS 1-10 OF THE APPLICATION

## Sections 9 & 10

### 9. Authorization To Obtain And Disclose Information

This authorization is for the purpose of assessing (providing coverage, signing and/or a claim, if any, for benefits. The proposed insured authorizes Foresters, its reinsurers and those who perform services for Foresters related to an application for insurance or a claim for benefits, to obtain information about him/her from any: physician, medical practitioner, hospital, clinic, or medical facility; employer; other insurer or institution; consumer reporting agency; pharmacy, pharmacy benefits manager or other pharmacy related services organization; or the Medical Information Bureau, Inc. ("MIB, Inc."). This includes obtaining records or other information available as to: past, current or future diagnosis, treatment and prognosis of a physical or mental condition; past, current or future drug, physical and mental health, and alcohol-related information that may be protected by federal or state laws and regulations. Foresters may make a brief report to MIB, Inc. about the proposed insured. Foresters or its authorized representatives may disclose information to: its reinsurers; those who perform services for Foresters related to an application for insurance or a claim for benefits; or those companies to which the proposed insured has applied or may apply to for life or health insurance, or benefits. Disclosure may be made when required or permitted by law and the disclosed information may no longer be protected by federal privacy laws. This authorization shall be the consent required, whether implied or express, written or oral, by applicable law(s), including Federal and state legislation and regulations regarding the collection, retention, usage and disclosure of information about or related to the proposed insured. This authorization is valid for two years from the date of this Application. Foresters or its authorized representatives may use an original document or a copy of this authorization to obtain information. This authorization may be revoked at any time by written notice to Foresters, except that action(s) taken before written revocation will not be affected. A copy of the Notice of Information Procedures has been provided to the proposed insured. It includes the MIB, Inc. and Fair Credit Reporting Notices. A copy of this authorization will be provided upon request.

### 10. Signature Section. (Complete this section before signing.)

X _____ Proposed insured's signature.	X _____ Owner's signature (if other than proposed insured.)
Each person signed at: _____ (City, State.)	Each person signed on: _____ Date (mmm/dd/yyyy.)

➤ Section 9 – Authorization to Obtain and Disclose Information

➤ Section 10 – Signatures

- **proposed insured and owner** (if the proposed insured is not the owner), must read and sign this page

# Step 3: PERSONAL HEALTH INTERVIEW (PHI)

1. A PHI must be conducted at the point of sale.
  - Sections 1-10 of the application must be completed and signed prior to conducting a PHI (step 2)
2. Call Apptical, identify yourself as a producer and ask for a Foresters PlanRight PHI.
  - Provide your name, producer number, the proposed insured's name, DOB, and address and type of plan applied for
  - A PHI Inspection Reference ID number will be provided and must be recorded on the Producer Report (see step 7)
3. The proposed insured will then be interviewed to confirm the answers to the medical questions in section 2 of the application.

## Step 4: PLAN ELIGIBILITY CONFIRMATION

➤ If there are discrepancies between the application and the interview **AND** the proposed insured is eligible for another plan:

- The original application form should be revised. Each change must be reviewed and initialed. Initials will be required by the proposed insured, owner and producer
- A new page 4 must be completed and signed to replace the original page 4
- Producer must confirm in the Producer Report that a new page 4 was completed

## Step 4: PLAN ELIGIBILITY CONFIRMATION

➤ If there are discrepancies between the application and the interview **AND** the proposed insured is not eligible for any PlanRight plan

**OR**

➤ If the owner/proposed insured does not want to proceed with the application:

- The signed application and Producer Report must still be submitted to Foresters
- It should be indicated in the Remarks section of the Producer Report that the application is being submitted as “withdrawn”



# Step 5: NOTICE OF INFORMATION PROCEDURES

## Section 12

**12. Notice of Information Procedures**

For purposes of this Notice the following words and phrases are defined. The word "Application" means the Application for Individual Life Insurance to which this Notice relates. "Producer" means the licensed individual who signed that Application as the producer. "Foresters", "we", "our", and "us" mean The Independent Order of Foresters. "You" and "your" means the proposed Insured. If you have questions, discuss them with your producer or contact us directly. Write to Foresters, Attention: Underwriter 789 Don Mills Road Toronto, Canada M3C 1T9, or to our US Mailing Address at PO Box 179 Buffalo, NY 14201-0179.

**Detach and leave this page with the proposed insured (regardless whether or not the application is to be processed)**

Privacy - Personal Information

Answers in the Application are our principal source of information. We may contact other sources, such as a doctor, clinic, hospital, other insurers, or a lending institution. In some cases, we may ask an independent agency to prepare a consumer report or an investigative consumer report about you. These reports may include information on your character and general reputation. They may also include personal characteristics, such as health, prescription history, finances, job and mode of living. The Federal Fair Credit Reporting Act gives you the right to make a written request, within a reasonable period of time, to receive additional information from Foresters about the nature and scope of an investigation. We will provide the contact information of any agency we ask to prepare such a report. You may contact the agency to learn about the contents or request a copy of the report. No adverse underwriting decision will be made based upon an individual's implied or confirmed sexual orientation or an individual's concern about or consultation for AIDS information.

**The Medical Information Bureau (MIB, Inc.)** - Information regarding your insurability will be treated as confidential. Foresters or its reinsurers may, however, make a brief report thereon to MIB, a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its Members. If you apply to another MIB Member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information in its file. Upon receipt of a request from you MIB will arrange disclosure of any information it may have in your file. Please contact MIB at 866-692-6901 (TTY 866-346-3642). If you question the accuracy of information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of MIB's information office is (50 Brintree Hill, Suite 400, Brintree, MA 02184-8734 or at [www.mib.com](http://www.mib.com)). Foresters, or its reinsurers, may also release information in its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted.

### ➤ Section 12 - Notice of Information Procedures:

- Contains the notice of information procedures and Foresters contact information
- States Foresters privacy policy, underwriting process and Medical Information Bureau (MIB) information
- Gives a description of some of the additional sources of underwriting information (the proposed insured consents to the release of this information to the MIB by signing the authorization to obtain and disclose information page). If the proposed insured requires further information about MIB or their record with them, they should contact MIB directly at the address provided on this page

# Step 6: COLLECTION OF PREMIUM

## Section 13

**13. Acknowledgement Of First Premium**

It is acknowledged that an amount of \_\_\_\_\_ was provided, by either check, money order or pre-authorized checking, to be applied as the first premium payment for \_\_\_\_\_, if any, in response to the Application for Individual Life Insurance on the life of \_\_\_\_\_.

Detach and leave this page with the owner (unless the application is to be withdrawn)

This premium payment is honored when presented to the financial institution from which it is to be drafted, and by the insurability of the proposed insured did not change between the date the Application was signed by the proposed insured and that issue date.

Producer's signature: X \_\_\_\_\_ Date (mm/dd/yyyy) \_\_\_\_\_

### ➤ Section 13 – Acknowledgement of First Premium

- Must be completed and signed by the **producer**
- If the application is “withdrawn”, no premium should be accepted and section 13 should not be left with the owner.

### Reminder:

- Cash is not permitted for the payment of premiums.
- Payments by check or money order must be payable to Foresters.
- If first premium payment is being made by check or money order, it must be dated no later than the date the application was signed by the owner.

# Step 7: FORESTERS SUBMISSION

Completed and signed applications can be sent by:

- **Fax:** 1-866-300-3830 (include a photocopy of a void check)
- **Mail:** Foresters, Attn New Business, PO box 179, Buffalo NY, 14201-0179
- **Courier:** Foresters, Attn New Business c/o Frontier Distributing 1000 Young St Suite 160, Tonawanda NY 14150

The Producer Report, completed as applicable, must also be submitted

# PRODUCER REPORT

## Producer Report (Required).

This form is for internal use only and is not part of the Application.

Producer: Name: \_\_\_\_\_ Number: \_\_\_\_\_

Proposed insured: First name: \_\_\_\_\_ Middle name: \_\_\_\_\_ Last name: \_\_\_\_\_

1. How long have you known the proposed insured? \_\_\_\_\_ Years
2. Are you related to the proposed insured?  Yes  No
3. a) At the time the Application was taken, did you see the proposed insured?  Yes  No  
b) Did you personally interview and complete the Application in the presence of the proposed insured?  Yes  No  
If 'No', to either a or b, explain in Remarks below.
4. Did you personally witness each signature in the Application?  Yes  No  
If 'No', identify and provide contact information of person who obtained and witnessed the signature(s).  
\_\_\_\_\_
5. Did you personally review each document used to verify identity and birth date?  Yes  No  
If 'No', identify and provide contact information of person who reviewed each document, if different than person identified in 4 above.  
\_\_\_\_\_
6. A personal health interview (PHI) must be conducted as part of the application process. Provide the PHI Inspection Reference ID number:  
# \_\_\_\_\_
7. Upon completion of the PHI, did the interviewer confirm eligibility for the certificate type selected?  Yes  No  
If 'No', were changes to the Application made and initialed, and a new page 4 signed, in both sections 10 & 11, as required?  Yes  No  
(If 'No', explain why not in Remarks below.)
8. Did you review and leave section 13 (Acknowledgement of First Premium) with the owner?  Yes  No
9. Proposed insured's e-mail address: \_\_\_\_\_
10. Proposed insured's primary language is?  English  Spanish  Other (specify): \_\_\_\_\_
11. Number of people under 25 years of age living in the proposed insured's household? \_\_\_\_\_
12. Are the commissions to be split with another producer?  Yes  No  
If 'Yes', state what the percentage should be for the producer who filled out this Application: \_\_\_\_\_ %  
\_\_\_\_\_ will receive the remaining percentage.  
Other producer's name and number \_\_\_\_\_

### Certificate Issuing Instructions

Should the certificate's issue date be adjusted to save the insurance age?  Yes  No  
If 'Yes', additional premium may be required.

The certificate should be:  Mailed directly to owner.  Sent to Producer for delivery.

### Remarks


- Complete, as applicable
- Record PHI Inspection Reference ID number
- Complete the Certificate Issuing Instructions section
- Include any special instructions in the Remarks section (if the application is not to be processed, include a note in the Producer report that the application is to be withdrawn)
- Must be submitted to Foresters

# SUPPLEMENTAL FORMS

## *Contingent Owner/Other Payer form*

The Independent Order of Foresters ("Foresters")  
789 Don Mills Road  
Toronto, Canada M3C 1T9

U.S. Mailing Address:  
P.O. Box 179  
Buffalo, NY 14201-0179

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A Fraternal Benefit Society

### Contingent Owner/Other Payer Identification Form

For purposes of this form, "Application" means the Application for Individual Life Insurance on the proposed life insured, and "I" means individually each person identified in the Application as either the proposed life insured or the owner."  
Proposed Life Insured:  
First name: \_\_\_\_\_ Middle name: \_\_\_\_\_ Last name: \_\_\_\_\_

#### Contingent Owner Information. (Complete this section to designate a Contingent Owner.)

Address Line 1: \_\_\_\_\_  
Line 2: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Contingent owner is an individual.  
First name: \_\_\_\_\_  
 Male  Female Date of birth: \_\_\_\_\_  
Home phone number: (\_\_\_\_) \_\_\_\_\_  
Relation to proposed life insured: \_\_\_\_\_  
Photo I.D. used to verify identity and birth date:  
 Driver's license number and state: \_\_\_\_\_  
 Passport  Other government I.D.: \_\_\_\_\_  
Document type and number: \_\_\_\_\_  
A citizen of the United States?  Yes  No If 'No', what is the country of citizenship? \_\_\_\_\_

If the contingent owner is other than an individual, it is a:  Corporation  Partnership  Trust  Other:  
Entity/Trust name: \_\_\_\_\_  
If owner is a trust: Date of trust agreement: \_\_\_\_\_  
Name and address of trustee: \_\_\_\_\_

#### Other Payer Information. (Complete this section to designate an Other Payer.)

Address Line 1: \_\_\_\_\_  
Line 2: \_\_\_\_\_  
First name: \_\_\_\_\_ Middle name: \_\_\_\_\_  
 Male  Female Date of birth: \_\_\_\_\_ Birth state: \_\_\_\_\_ Birth country: \_\_\_\_\_  
Home phone number: (\_\_\_\_) \_\_\_\_\_  
Employer's name: \_\_\_\_\_ Employer's phone number: (\_\_\_\_) \_\_\_\_\_  
Employer's address: \_\_\_\_\_  
Relation to proposed life insured: \_\_\_\_\_  
Photo I.D. used to verify identity and birth date:  
 Driver's license number and state: \_\_\_\_\_  
 Passport  Other government I.D.: \_\_\_\_\_  
Document type and number: \_\_\_\_\_  
A citizen of the United States?  Yes  No If 'No', what is the country of citizenship? \_\_\_\_\_

I understand that this Contingent Owner/Other Payer Identification Form is part of and is subject to the Application.

Signature of proposed life insured: \_\_\_\_\_ Signature of owner (if other than proposed life insured): \_\_\_\_\_  
Producer's name (print full name): \_\_\_\_\_ Producer number: \_\_\_\_\_  
Producer's signature: \_\_\_\_\_

Each person signed at: \_\_\_\_\_ City, State) Each person signed on: \_\_\_\_\_ (mm/dd/yyyy)

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Contingent Owner Information

Payer ID Information

- If the owner dies, the contingent owner becomes the owner
- A Contingent Owner form should only be completed if the proposed insured is not the owner and a contingent owner is to be named
- A copy can be downloaded from ezbiz

## APPTICAL

**1-866-844-9276**

Monday-Friday: 8:30 am to Midnight ET  
Saturday- Sunday: 10 am to 4 pm ET

## Foresters Sales Desk

**1-866-466-7166 (option 1)**

Monday-Friday: 8:30 am to 7:30 pm ET  
Saturday-Sunday: Closed