# Vault – Accident Champion

I am applying for this coverage based on the following information:

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|---|---|---|
| | (Home Office Use) | Application Date: |

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|---|---|---|---|
| ACTION REQUESTED: ☐ New Policy ☐ Conversion ☐ Policy Change ☐ Reinstatement | | | |
| Applicant Name (First, MI, Last) | | ☐ Male ■ Female | Birthdate (Month/Day/Year) |
| Applicant's Home Address (Street, City, State, Zip) | | Work Phone Number | Social Security Number |
| Landline Phone Number | Mobile Phone Number | Email Address | |
| Hire Date (Month/Year) | Sponsoring Organization | | Employer Name |
| Payment Method: ☐ OPRD ☐ OPAC ☐ Credit Card ☐ Other | | | Account Number |
| Are you employed in your primary occupation at least 17.5 hours each week? ☐ Yes ☐ No | | | |
| Coverage for: ☐ Applicant Only ☐ Applicant & Spouse ☐ Applicant & Children ☐ Applicant, Spouse & Children | | | |

**List all eligible persons to be covered on this plan (Applicant, Spouse, Child(ren) age 26 of under):**

| Name(s) | Date of Birth | Relationship | Gender |
|---|---|---|---|
| | | *Self* | ☐ Male ☐ Female |
| | | *Spouse* | ☐ Male ☐ Female |
| | | *Child 1* | ☐ Male ☐ Female |
| | | *Child 2* | ☐ Male ☐ Female |
| | | *Child 3* | ☐ Male ☐ Female |
| | | *Child 4* | ☐ Male ☐ Female |
| | | *Child 5* | ☐ Male ☐ Female |
| | | *Child 6* | ☐ Male ☐ Female |

*Spouse includes an Eligible Domestic Partner as defined in the policy.*

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| **Plan: (See Policy Schedule)** | **Premium – Mode**<br>☐ Weekly (52) ☐ Monthly (12) ☐ Bi-Weekly (26)<br>☐ Semi-Monthly (24) ☐ _____ |
| **Premium Amount:** | |

| BENEFICIARY INFORMATION | | | |
|---|---|---|---|
| Beneficiary's Full Name | | | Beneficiary Phone Number |
| Beneficiary Address (Street, City, State, Zip) | | | |
| Relationship to Proposed Insurer | Age | Social Security Number (Last 4 Digits) | Date of Birth (Month/Day/Year) |

It is very important that you review your application carefully. Misstatements or omissions could cause an otherwise valid claim to be denied, if such misstatement or omission was made with actual intent to deceive or it materially affected the acceptance of your application, or the risk assumed by Vault Admin Services. Please check the application carefully and advise your agent if any information is not correct or not complete**. I understand that any insurance applied for will not take effect unless and until Vault Admin Services approves my application. If coverage cannot be issued as applied for under the rules of the Company, I authorize Vault Admin Services to issue reduced benefits and adjust premiums to match the coverage issued.** I authorize my employer to deduct the premiums for this insurance from my earnings (unless the coverage for which I am applying allows for alternate methods to pay insurance premiums). In applying for this coverage, I represent and affirm that the information which I have given as recorded on this application is true and complete to the best of my knowledge and belief. I acknowledge receipt of the outline of coverage.

The falsity of any statement in the application for any policy shall not bar the right to recovery under the policy unless such false statement was made with actual intent to deceive or unless it materially affected either the acceptance of the risk or the hazard assumed by the insurer.

**California Law prohibits an HIV test from being required or used by health companies as a condition of obtaining health insurance coverage.**

| **Signature of Applicant** | **City** | **State** | **Date** |
|---|---|---|---|
| | | | |

**I, the authorized agent, have on the date of application recorded the information as given to me by the Applicant.**

| **Signature of Licensed Agent** | **Code #** |
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