

**MONUMENTAL LIFE INSURANCE COMPANY**  
Home Office: Cedar Rapids, Iowa  
**GROUP MORTGAGE INSURANCE APPLICATION**

(L)MZ0912296H0000F-JLDR/JLER/JLFR-721010101

(D)MZ0912297H0000F-JDAR/JDBR-721010201

Financial Institution Kentucky Housing Corp Account # 09160143

Mortgage Loan No. \_\_\_\_\_ Term of Loan \_\_\_\_\_ Loan Balance \_\_\_\_\_

**Select Coverage and Complete Information Below:**

**Mortgage Life**     Single Coverage\* or     Joint Coverage  
\*Choose one only.     Mortgagor or     Co-Mortgagor

**Disability**     Single Coverage\*\* or     50/50 Coverage  
\*\*Choose one only.     Mortgagor or     Co-Mortgagor  
Elimination Period:     30 Days     90 Days

Initial Amt of Ins \_\_\_\_\_  
Monthly Premium \_\_\_\_\_

\$ \_\_\_\_\_ Current Monthly Mortgage Payment (\$200 Minimum)  
+ \_\_\_\_\_ Monthly Premium  
= \_\_\_\_\_ Monthly Benefit (equals present payment plus Premium)

**Beneficiary**    **Beneficiary**  
**Mortgagor:** \_\_\_\_\_ **Co-Mortgagor:** \_\_\_\_\_

Please Print    **MORTGAGOR**  
Name and Address \_\_\_\_\_

Please Print    **CO-MORTGAGOR (IF APPLYING)**  
Name and Address \_\_\_\_\_

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_    Work Phone \_\_\_\_\_

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_    Work Phone \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Occupation \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Occupation \_\_\_\_\_

Personal Physician's Name, Address and Phone \_\_\_\_\_

Personal Physician's Name, Address & Phone \_\_\_\_\_

**Answer Question 1, 2 and 3 for Life Coverage; Answer All Questions for Disability Coverage:**

	MORTGAGOR		CO-MORTGAGOR	
	YES	NO	YES	NO
1. Have you ever been diagnosed with or treated for: any disease or disorder of the heart, blood, lungs, liver, or kidneys; AIDS or AIDS Related Complex; any mental, nervous, circulatory, digestive, immune, muscular, spinal, bone, joint, back or eye disorder; high blood pressure, cancer or tumor; diabetes, drug or alcohol abuse? .....	_____	_____	_____	_____
2. Other than those conditions covered in Question 1, during the last three years have you had an examination that was caused by an illness, injury, or abnormal physical condition, or a follow-up of a diagnosed condition .....	_____	_____	_____	_____
3. Have you used any tobacco products in the last twelve months? .....	_____	_____	_____	_____
4. For Disability Coverage: Have you ever been disabled (unable to work) for a period longer than 15 days within the last three years, or are you presently working less than 30 hours a week? .....	_____	_____	_____	_____

If your answer to any question is yes, give exact condition and full details below. Include name/address of attending physician. Use separate sheet if needed.

QUES. NO.	NAME	REASON OR CONDITION	DATE(S)	RESULTS	NAME AND COMPLETE ADDRESS OF DOCTORS AND MEDICAL FACILITIES

Is this insurance intended, in whole or in part, to replace, discontinue, or change any existing life insurance or annuity now in effect with this or any other company?  Yes  No

I represent that each of the above statements is true and complete to the best of my knowledge. To determine my insurability or for claims purposes, I authorize any medical practitioner, institution, VA Hospital, insurance company or person having knowledge of my health, or the Medical Information Bureau to give any information about my physical or mental health to Monumental Life Insurance Company, Cedar Rapids, IA, or its reinsurer(s). The authorization, original or copy, is valid for two years from the effective date of coverage. I have read this authorization and have received a copy. I have also received copies of the "Notice Regarding MIB", and the "Notice Under the Fair Credit Reporting Act", and NOTICE of information practices of Monumental Life Insurance Company. I/We understand that no insurance is in effect unless the application is approved by the Insurance Company, and the first premium paid. I acknowledge that I have read the disclosures that appear below and on the back.

I hereby request and authorize you to pay (debit) from my bank account by means of drafts or electronic transfers, insurance premiums due to Monumental Life Insurance Company. I understand that my bank account will be billed each month on the date I have chosen. I understand that if I do not choose a specific day, the draft or electronic transfer will be made on the first of each month. I agree that this draft or electronic transfer shall be regarded the same as if it were a check written by me and drawn on my bank account. This authorization is to remain in effect until revoked by me upon 30 days written notice to the Company.

I understand that these drafts and electronic transfers and the resulting insurance coverage are conditioned upon the debit being honored by my bank when presented. I understand that this authorization may be terminated at the option of the Company if any debit is not honored when presented for payment, or upon 30 days written notice given by the Company, the bank or me. I understand that I have the right to receive 10 days prior written notice of any change in payment amount, but I choose not to receive such notice where my payment change is automatic in accordance with the terms of my coverage or where I have requested a change.

Mortgagor Signature \_\_\_\_\_ Date \_\_\_\_\_

Co-Mortgagor Signature (If applying) \_\_\_\_\_ Date \_\_\_\_\_

Licensed Resident Agent (License Number) - If applicable \_\_\_\_\_

Withdraw from:	
Savings Account <input type="checkbox"/>	Checking Account <input type="checkbox"/> on the _____ day of the month.
Transit Number _____	Account Number _____
Loan Officer's Name and Telephone Number _____	

MLD1000GAM

**DISCLOSURES**

**KY residents:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer, files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a crime and may be subject to fines or confinement in prison.

This insurance product is not a deposit; not FDIC insured; not insured by any federal government agency and is not guaranteed by the financial institution/affiliate.

**NOTICE TO APPLICANT- PLEASE READ**

Insurance regulations require that we provide you with this statement using the following wording:

Information regarding your insurability will be treated as confidential. Monumental Life Insurance Company or its reinsurer(s) may, however, make a brief report thereon to the Medical Information Bureau, a non-profit membership organization of life insurance companies, which operates an information exchange on behalf of its members. If you apply to another Bureau member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, the Bureau, upon request, will supply such company with the information in its file. Upon receipt of a request from you, the Bureau will arrange disclosure of any information it may have in your file (medical information will be disclosed only to your attending physician). If you question the accuracy of information in the Bureau's file, you may contact the Bureau and seek a correction in accordance with the procedures set forth in the Federal Fair Credit Reporting Act. The address of the Bureau's information office is Post Office Box 105, Essex Station, Boston, Massachusetts 02112, telephone number (617) 426-3660. Monumental Life Insurance Company or its reinsurer(s) may also release information in its file to any other life insurance company to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. Public Law 91-508 requires that we advise you that a routine inquiry may be made which will provide applicable information concerning character, general reputation, personal characteristics, and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

**SUMMARY NOTICE OF INFORMATION PRACTICES**

As part of the underwriting and processing of your application for insurance coverage, Monumental Life Insurance Company will rely heavily on information provided by you. Monumental Life Insurance Company also seeks information about you from others, such as physicians who have treated you or family members in some situations, and in compliance with applicable laws, we may disclose certain of the information collected to third parties without your specific authorization. You have a right of access and correction with respect to all personal information collected about you which is contained in our files. You also have the right to seek correction of information you believe to be inaccurate. The above is a general description of Monumental Life Insurance Company's Information practices. If you would like to receive a more detailed explanation of those practices, please contact our Underwriting Department: Monumental Life Insurance Company, Administrative Office: 520 Park Avenue, Baltimore, MD 21201.

Here's how to apply:	How to submit your application:
<ul style="list-style-type: none"> <li>▪ Indicate the type of insurance you desire, the amount of coverage, and calculate your premium.</li> <li>▪ For Disability Insurance either you or your co-mortgager may apply for 100% coverage. Or if you wish, you can apply for 50% coverage and your co-mortgager can apply for 50% coverage (Total coverage <u>must</u> equal 100%)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Mail the completed application to:  Monumental Life Insurance Company  New Business Administration  520 Park Avenue  Mail Stop A379  Baltimore, MD 21201</li> <li>▪ When your application is approved, your certificate of insurance will be issued and your premium will automatically be deducted from your checking or savings account.</li> </ul>

**Thirty Day Right to Examine:**

If you are not satisfied for any reason, you may return your Certificate within 30 days after receipt. Your premium will be refunded. When so returned, the Certificate will be void from the beginning. Return the Certificate to us at our Home Office or to our authorized agent.

**Eligibility:**

You must have a mortgage loan with the financial institution. Our company must approve you for coverage. For disability insurance you must also be employed full time and under age 60. For life insurance you must be:

- Under age 60 for amounts of \$10,000 to \$49,999.99.
- Under age 65 for amounts of \$50,000 to \$300,000.

**Misstatement of Age:**

If your age (or your co-mortgager's age) is misstated on this application, our payment of benefits will be limited to those that the premium paid would have purchased based on your correct age. If your correct age would not meet the eligibility requirements, our liability will be limited to the premiums you have paid.

**Benefits – Life:**

In the event of your death this life insurance coverage will provide a benefit equal to your loan balance, up to a maximum of \$300,000. Should the financial institution listed on the front of the application not be the creditor on the date of loss, the benefit will follow the amortization schedule included in your certificate of insurance, and all benefits will be paid the beneficiary your name.

**Benefits – Disability:**

Should you choose the 30 day elimination period for disability coverage, and you become totally disabled while insured, you are eligible to receive a monthly benefit up to your insured mortgage payment not to exceed the monthly maximum of \$1250, beginning with the 31<sup>st</sup> day of total disability.

Should you choose the 90 day elimination period for disability coverage, and you become totally disabled while insured, you are eligible to receive a monthly benefit up to your insured mortgage payment not to exceed the monthly maximum of \$2000, beginning with the 91<sup>st</sup> day of total disability.

**Disability Benefit Schedule**

Age at the time of disability:	Payments will be made up to:
Under age 50	24 months during the continued total disability
50-64	12 months during the continued total disability.
<ul style="list-style-type: none"> <li>▪ Total disability is defined for the first 12 months as being totally disabled from your own occupation, and after that, from working at any occupation up to the maximum benefit period. During the disability period, you must be under the regular care of a physician.</li> <li>▪ You may be eligible for a new period of benefits if your new disability period begins more than six months after your first period ends, or if the new disability is from an unrelated cause.</li> </ul>	

**Termination of Coverage:**

Your insurance automatically ends on the first of the following dates:

- a. The date the Group Policy ends;
- b. The end of the period for which any required premium payment has not been made, subject to the Grace Period;
- c. The premium due date next following the date you reach the Termination Age:\*
  - 65 for disability insurance
  - for life insurance:
    - Age 70 for initial amounts of \$10,000 to \$49,999.99.
    - Age 75 for initial amounts of \$50,000 to \$300,000.
- d. The date we receive your written request to terminate insurance.
- e. Disability insurance will end the date you cease to be employed full-time, other than as a result of a covered disability.

\*If you or your co-mortgager's coverage ends because you reach the Termination Age above, the other insured person may continue their coverage. The life insurance premium rate will be reduced to two-thirds of the current joint premium, and the coverage will end according to the conditions listed above.

**Conversion Provision for Life Insurance:**

Within 31 days of the cancellation or termination of your life insurance, you may have the right to convert your cancelled life insurance to one of the individual policies we offer at that time without Evidence of Insurability. Your certificate of insurance outlines the exact circumstances under which conversion is allowed.

**Exclusions:**

**Life:** If you commit suicide, while sane or insane, within the first two years of coverage, the benefit will be limited to the return of premiums paid.

**Disability:** No benefit will be paid for total disability resulting from:

- a. Suicide, attempted suicide or intentionally self-inflicted injury, while sane or insane;
- b. Declared or undeclared war or any act of war;
- c. Participating in a riot or committing an assault or felony;
- d. Alcohol intoxication, as defined in the state where the accident occurred;
- e. Operating or riding in any kind of aircraft, except as a fare-paying passenger;
- f. Outpatient mental and nervous disorders;
- g. Pre-existing conditions\*;
- h. Taking of alcohol in combination with any drug, medication or sedative;
- i. Taking any drug, medication, narcotic or hallucinogen, except as prescribed by a physician;
- j. Voluntary gas inhalation or poison voluntarily taken, administered or inhaled.

\*A pre-existing condition is defined as an injury or sickness for which you received treatment or advice during the 24-month period immediately prior to your effective date of insurance. After you have been covered for 24 consecutive months, any total disability thereafter will be covered, unless otherwise excluded.

**Your certificate will provide exact details of your coverage.**

To calculate your premiums, please refer to the charts below and the examples given.

## Life Insurance

The monthly premium rate is dependent upon your age and your smoking status.

Issue	Single Life			Joint Life		
	\$10,000-49,999.99	\$50,000-300,000		\$10,000-49,999.99	\$50,000-300,000	
Age		Non-Smoker	Smoker		Non-Smoker	Smoker
Under 30	\$0.19	\$0.11	\$0.19	\$0.30	\$0.18	\$0.30
30 - 34	0.21	0.14	0.24	0.34	0.22	0.38
35 - 39	0.26	0.17	0.33	0.42	0.27	0.53
40 - 44	0.40	0.24	0.48	0.64	0.38	0.77
45 - 49	0.61	0.35	0.66	0.98	0.56	1.06
50 - 54	0.93	0.52	0.95	1.49	0.83	1.52
55 - 59	1.39	.76	1.27	2.22	1.22	2.03
60 - 64	N/A	1.25	1.96	N/A	2.00	3.14

- The non-smoker discount begins on mortgage loans of \$50,000 and above.
- Rates are based on the older insured if applying for joint life insurance.
- For joint life insurance if one insured smokes, use the smoker rate for the older insured.

For example, we will assume that you are age 31 and your co-mortgagor is age 35. Your mortgage is for \$125,000, and you smoke but your co-mortgagor does not smoke. The rate listed above is a cost per \$1,000 of insured mortgage life benefit.

The premium for the \$125,000 joint insurance would be \$125,000 divided by 1,000 = 125 x 0.53 = \$66.25 per month.

## Disability Insurance

The monthly premium rate is dependent upon the elimination period you select. The premium for single and joint insurance is the same. Joint Disability benefits will be 50% of the monthly amount of insurance selected.

30-Day Elimination Period	90-Day Elimination Period
\$4.25	\$2.85

The rate listed above is a cost per \$100 of insured monthly mortgage payment up to the plan maximum. For example, suppose your monthly payment (including taxes and household insurance) was \$1,080.

The premium for a 30-day elimination plan would be \$1,080 divided by 100 = 10.80 x 4.25 = \$45.90 per month.

The premium for the 90 day elimination period would be \$1,080 divided by 100 = 10.80 x 2.85 = \$30.78 per month.