



## REAPPLICATION DECLARATION FOR LIFEBOAT MEDICAL PLAN

Please read and answer the below questions pertaining to your new application for coverage. The Reapplication Declaration for Lifeboat Medical Plan must be completed, signed, dated and returned to Seven Corners, Inc. before underwriting can be completed on your new application.

Do you understand by completing a new application for coverage that you are reapplying for coverage on the Lifeboat Medical Plan and that if accepted by Seven Corners, Inc. that you will be issued a new Certificate of Coverage and a new Effective Date of Coverage?  YES  NO

Do you represent that you have completed the new application and that all your answers and statements on the new application are complete and true to the best of your knowledge and belief?  YES  NO

Do you understand that your qualification for insurance is based upon your answers and statements and that the information on the new application may be verified by Seven Corners, Inc?  YES  NO

Do you understand Seven Corners, Inc. will rely on all the information on the new application in determining whether or not to issue coverage and that any incorrect or incomplete information may result in a claim denial or loss of coverage?  YES  NO

Do you understand if accepted by Seven Corners, Inc. that you are **not** renewing your current coverage and will not receive credit or continuation of any benefits from your previous coverage?  YES  NO

Do you understand that you will be considered a new Insured Person and benefits will be paid according to the new Effective Date of Coverage and new Certificate of Insurance?  YES  NO

Do you understand as a new Insured Person that any actively treated or previously diagnosed conditions may be subject to the pre existing condition exclusion(s) in the policy?  YES  NO

Do you understand as a new Insured Person that charges for treatment of the following illnesses or surgeries, which manifest themselves or are recommended, or symptoms occur during the first 180 days of coverage beginning on the new Effective Date of Coverage for any condition of the breast, any condition of the prostate, disorders of the reproductive system, gall stones or kidney stones, any acne diagnosis or acne related condition, or any surgery that is not emergency in nature will be excluded from coverage?  YES  NO

Do you understand as a new Insured Person there will be a 12-month waiting period for Mental and Nervous Benefits and Chiropractic/Physiotherapy Benefits?  YES  NO



Have you or any applicant consulted a therapist, physician, chiropractor, psychologist, or health care practitioner for medical advice, medical treatment and/or preventative care in the past 10 years? Or have you or any applicant been hospitalized or undergone medical studies including but not limited to diagnostic tests, x-rays, electrocardiograms, radiology or blood work in the past 10 years?  **YES**  **NO**

If yes, please provide a report or an Attending Physician Statement.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant's Spouse (if applicable)

\_\_\_\_\_  
Date

Printed Name of Applicant: \_\_\_\_\_

Printed Name of Applicant's Spouse (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Current Certificate Number: \_\_\_\_\_

I understand this Addendum shall become a part of the new Policy if coverage is approved and issued by Seven Corners, Inc.