

8. Underlying Insurance Requirements

List the following information for Group Hospitalization, Surgical, Medical, etc., policies to be in force concurrently with the program herewith applied for:

Carrier	Coverage	Group Policy No.
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

NOTICE: TERMINATION OR REDUCTION IN BENEFITS OF UNDERLYING INSURANCE WILL RESULT IN THE AUTOMATIC TERMINATION OF THE COVERAGE APPLIED FOR IN THIS APPLICATION.

No agent or other person except the President, a Vice President, the Secretary, or the Treasurer of The First Rehabilitation Life Insurance Company of America has the authority to make or modify any contract on behalf of the insurance company rights or requirements, and no waiver shall be valid unless in writing and signed by one of the foregoing officers.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim or each such violation.

_____	_____
Date	Name of Applicant
_____	_____
Agent of Record	Authorized Signature
_____	_____
Address	City and State

Telephone	