

I/We understand that this insurance is optional and is not a condition or requirement for approval of the loan. The monthly premium will be \$ \_\_\_\_\_ which equates to an annual premium of \$ \_\_\_\_\_.

**Mortgage Payment Insurance Application**

Insurance provided by **Minnesota Life Insurance Company**  
 400 Robert Street North • St. Paul, Minnesota 55101-2098

**MINNESOTA LIFE**

FIRST APPLICANT (Please Print)		SECOND APPLICANT (Please Print)	
Name (first, middle, last)	Date of birth	Name (first, middle, last)	Date of birth
Address (street, city, state, zip)		Address (street, city, state, zip)	

**ELIGIBILITY QUESTION:**

First Applicant		Second Applicant	
Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**CT Residents:** During the last two years, have you ever had, been told you had or have you ever been treated for: cancer, heart attack or coronary disease, stroke, cirrhosis, Acquired Immune Deficiency Syndrome (AIDS), AIDS related complex (ARC) or AIDS related conditions?

**NH Residents:** During the last two years, have you been diagnosed or treated by a medical doctor for: cancer, heart attack or coronary disease, stroke or cirrhosis?

**MA, ME, RI, VT Residents:** During the last two years, have you been diagnosed or treated by a medical doctor for: cancer, heart attack or coronary disease, stroke, cirrhosis, Acquired Immune Deficiency Syndrome (AIDS) or AIDS related conditions? **(ME Residents: Answer this question "No" if you have tested positive for HIV and have not developed symptoms of AIDS).**

**\*My (our) answer to the above question is true to the best of my (our) knowledge and belief. If I (we) answer this question "yes", I (we) understand that the person answering "yes" is not eligible for insurance and will not be insured.**

By signing below I am verifying that I am between the ages of 18 and 69 and would like to apply for this mortgage payment insurance coverage underwritten by Minnesota Life Insurance Company ("the Company") which is designed to pay monthly benefits at the earlier of my death or certification by a licensed physician of my terminal illness for the benefit period of 12 months. I understand that the Company shall incur no liability because of this application unless and until it is approved by the Company. I understand that the maximum monthly benefit payable will not exceed \$4,000.00. The maximum amount of monthly benefits payable will not exceed \$48,000. I understand that this authorization may be revoked at any time by contacting the Company in writing. The revocation is subject to the Company's right to act in reliance on the authorization prior to the notice of revocation. This authorization is valid for 24 months. I've read the fraud statement and the disclosures provided and understand that I can have copies. I authorize my lender to bill and collect the premium with my mortgage payment. I understand that fees may be paid by the insurer in connection with this coverage to the plan sponsor and/or its affiliates or designates. The answers given are true and complete to the best of my knowledge and belief, and are representations of each person signing below. I understand that false or incorrect answers to the above questions may lead to rescission of coverage. **VT residents only:** This authorization EXCLUDES the release of information about previously administered tests for HIV antibodies, sero-positivity, T-cell counts or AIDS.

First applicant signature <b>X</b>	Date (mm/dd/yy)	Second applicant signature <b>X</b>	Date (mm/dd/yy)
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**Rejection Statement**

I hereby acknowledge that I have been given an opportunity to apply for mortgage payment insurance which is available to mortgage loan customers of the named financial institution in connection with my loan number. At this time I *do not* wish to apply for mortgage payment insurance to pay monthly benefits at the earlier of my death or certification by a licensed physician of my terminal illness for a benefit period of 12 months. *I understand that even though I may have signed This "Rejection Statement," I may still apply for this protection in the future.*

First applicant signature <b>X</b>	Date (mm/dd/yy)	Second applicant signature <b>X</b>	Date (mm/dd/yy)
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**For Office Use Only**

Plan sponsor	Group policy number	Term of loan
Account number	Monthly premium	Benefit period
Initial loan amount	Initial monthly mortgage payment	Initial monthly benefit

## **FRAUD STATEMENT**

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud. **AR:** Any person who knowingly presents a false or fraudulent claim for payment for a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. **DC:** WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny benefits if false information was provided by the applicant. **KY:** Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information, or conceals, for the purpose of misleading, information concerning any fact thereto, commits a fraudulent insurance act, which is a crime. **ME:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits. **NJ:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties. **PA:** 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 thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. **VA:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits. The fraud statements above do not apply to residents of: **CT, FL, KS, NC, OR, SC, TX, VT, WA and WI.**

### **Consumer Protection Disclosures**

**Insurance products are not deposits or other obligations of, or guaranteed by, the financial institution or any of its affiliates. Insurance products are not insured by the Federal Deposit Insurance Corporation (FDIC) or any other agency of the United States, the financial institution, or any of its affiliates. The financial institution may not condition an extension of credit on either: (1) your purchase of an insurance product from the financial institution or any of its affiliates; or (2) your agreement not to obtain, or a prohibition on you from obtaining, an insurance product from an unaffiliated entity. By signing this application, you acknowledge your receipt of these disclosures.**