## MADISON NATIONAL LIFE INSURANCE COMPANY, INC.

Home Office: 1241 John Q. Hammons Drive, Madison, WI 53717 • 1-800-356-9601 **Administered By:** North American Benefits Company • 20 Valley Stream Parkway, Suite 310, Malvern, PA 19355

## **Application for Insurance Portability For Group Long-Term Disability Insurance**

Applicant Information					
Name of Group Policyholder				Group No.	
Applicant Name (Last, First, Middle)			Social Security No.		
Street Address			Phone No.		
City		State	Zip		
Date of Birth	Gender		Sal	Salary at Termination	
	☐ Male ☐	Female	emale		
You must meet the requirements of the Insurance Portability Endorsement to be eligible.					
1. Are you currently insured under any other group long-term disability insurance? ☐ Yes ☐ No					
If "Yes" to the above question, please describe the other insurance:					
2. Your employment terminates/terminated on: (month/day/year)					
3. Specific reasoning for employment termination:					
<b>4. Are you currently disabled?</b> □ Yes □ No					
5. Are you currently on a leave of absence? $\square$ Yes $\square$ No					
Applicant Agreement					
By signing this Application, I understand and agree that:					
<ul> <li>All statements and answers I have given are complete and true to the best of my knowledge and belief.</li> </ul>					
• I understand no insurance will be effective until Madison National Life Insurance Company, Inc. ("Madison National") approves this Application and receives the required premium.					
<ul> <li>No person, except an officer of Madison National, is authorized to vary or modify a contract.</li> </ul>					
WARNING: 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.  Applicant Signature  Date of Signature					
Appreciat Signature		Dute of	Signature		