

# Applying is easy!

**Just follow these simple instructions. Send no money now.**

1. Complete the **Long Form Application**.
2. Fill in each section of the application carefully, answering each question completely. Be sure to include the name and Social Security Number or Identification Number of the employee or retiree.

In the "Statement of Insurability" section, there is a question about Medicaid eligibility. Medicaid is a program for persons who meet their state's criteria for poverty. It is not the same as Medicare, which is the program for persons over 65 and certain disabled persons.

Also, the "Statement of Insurability" asks about any prescription drugs you are taking, even if the health problem is not shown elsewhere. The information on name and dosage can be found on the label of the medication container.

3. Select the **ONE** Daily Maximum Benefit / Lifetime Maximum you prefer.

Select the **ONE** Home Based Care Benefit you prefer.

Select the **ONE** Inflation Protection Feature of your choice. Premiums for the plan options are in the enrollment kit.

Premiums for the plan options are in the plan booklet in the pocket of your kit.

4. Double-check to make sure you've answered every question and have signed and dated your application in both sections 6 and 7 at the end. If your spouse is applying, he or she should complete, sign and date his or her *own* application.

Fold your completed application(s) and mail in the postage paid envelope to:

CNA Insurance, P.O. Box 946760,  
Maitland, FL 32794-9776.

5. We may telephone you after we receive your application to make sure we understand the facts you've noted about your health. We are very grateful for your cooperation.
6. We will inform you by mail whether you have been accepted. If accepted, we will send your certificate and an invoice for your premium.

## Important Preliminary Information

To keep the Group Long-Term Care program affordable for all participants, there are some circumstances under which we do not offer coverage.

1. During the past 12 months have you consulted a physician, been diagnosed or treated for any of the following?
  - a. Cerebral vascular accident or stroke
  - b. Alzheimer's Disease, dementia, or change in cognitive functioning.
  - c. Parkinson's Disease, Multiple Sclerosis, Huntington's Disease, or Amyotrophic Lateral Sclerosis
  - d. Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC)
2. Are you currently residing in a nursing home?

***If you answered "no" to all the above, please complete the application. While coverage is not guaranteed, some medical conditions will not necessarily disqualify you for coverage.***

## Questions?

**Just call a CNA customer service representative at  
1-800-528-4582**

