WESTERN CATHOLIC UNION
A Fraternal Benefit Society Since 1877
510 Maine Street, Quincy, Illinois 62301
(800) 223-4928 (217) 223-9721 – Fax (217) 223-9726
www.wculife.org

This life application kit is for the state of:

Ohio

Juvenile Term to 25

(Issue ages 0-18 – Face amount $10,000 OR $20,000)

Contents:

Juvenile Term to 25 Application – ICC21JUVE TERM APP 04/2021

- **Ohio Disclosure form - Must be completed with all applications.**

Other form that may be needed (these can be found in the individual forms section at www.wculife.org):

- **Additional Beneficiaries Form –** ADDITIONAL BENES 11/2021.
- **Conditional Receipt for Life/Annuity application advance payments.**

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Application for Individual Single Premium Term Life Insurance to Age 25

Child to be Insured

Child to be Insured (First Name, Middle Initial, Last Name): _____

Social Security Number: _____ Date of Birth: _____ Age: ____ Birth Sex: ☐ Male ☐ Female

Street Address, City, State, Zip + 4 Code: _____

Coverage Amount Requested: ☐ $10,000 for $125 single premium ☐ $20,000 for $250 single premium

Payor

Payor (First Name, Middle Initial, Last Name): _____

Social Security Number: _____ Date of Birth: _____ Relationship to Child: _____

Street Address, City, State, Zip + 4 Code: _____

Home Phone Number: _____ Email Address: _____

Owner

Owner (First Name, Middle Initial, Last Name): _____

Social Security Number: _____ Date of Birth: _____ Relationship to Child: _____

Street Address, City, State, Zip + 4 Code: _____

Home Phone Number: _____ Email Address: _____

Contingent Owner (Not required)

Contingent Owner (First Name, Middle Initial, Last Name): _____

Social Security Number: _____ Date of Birth: _____ Relationship to Child: _____

Street Address, City, State, Zip + 4 Code: _____

Home Phone Number: _____ Email Address: _____

Beneficiary Designation (If more than one beneficiary is designated, proceeds will be divided equally unless you indicate a share.)

Primary Beneficiary Name | Relationship to Insured | Social Security # | Date of Birth | Share

Address | City | State | Zip + 4 Code

Primary Beneficiary Name | Relationship to Insured | Social Security # | Date of Birth | Share

Address | City | State | Zip + 4 Code

Contingent Beneficiary Name | Relationship to Insured | Social Security # | Date of Birth | Share

Address | City | State | Zip + 4 Code

Contingent Beneficiary Name | Relationship to Insured | Social Security # | Date of Birth | Share

Address | City | State | Zip + 4 Code

Replacement

1. Does the child to be insured have existing life insurance policies or annuity contracts in force with this or any other company? ☐ Yes ☐ No
2. Is the insurance applied for intended to replace or change any existing life insurance policy or annuity with this or any other company? ☐ Yes ☐ No
   a. If yes, furnish insurance company's name and address and the policy number to be replaced. _____

Statement of Health **(Please check Yes or No for all 3 questions.)**

1. Has the child to be insured ever received diagnosis, treatment or medical advice from a member of the medical profession for birth defects, heart or circulatory disease, diabetes, psychiatric treatment or mental illness? ☐ Yes ☐ No
2. Has the child to be insured ever been diagnosed or treated by a member of the medical profession for Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC) or tested positive for Human Immunodeficiency Virus? ☐ Yes ☐ No
3. In the past 3 years has the child to be insured received diagnosis, treatment or medical advice from a member of the medical profession for any reason other than routine pediatric examinations, school physicals, immunizations or treatment for childhood diseases (excluding diagnostic tests related to the Human Immunodeficiency Virus)? ☐ Yes ☐ No
4. Please give complete details to any "yes" answers. _____

Please Read and Sign

I am the parent, grandparent or legal guardian, I have read the questions and answers written in this application, and the statements and answers are true and complete to the best of my knowledge and belief. I agree that this application will be the basis for any certificate issued on this application. I further agree that this insurance applied for shall be subject to the conditions and provisions of the contract of insurance and shall not be in force until the application is accepted and the contract of insurance issued by Western Catholic Union. I agree, for myself, the child to be insured and any beneficiary(ies), to abide by the Articles of Incorporation and Bylaws of Western Catholic Union. I have attached a check payable to Western Catholic Union for the premium.

FRAUD WARNING NOTICE

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

WESTERN CATHOLIC UNION IS LICENSED TO DO BUSINESS AS A FRATERNAL BENEFIT SOCIETY. AS SUCH, IT IS NOT INCLUDED IN ANY STATE'S LIFE AND HEALTH GUARANTY ASSOCIATION (OTHERWISE KNOWN AS THE GUARANTY ASSOCIATION). THIS MEANS THAT FRATERNAL BENEFIT SOCIETIES CANNOT BE ASSESSED FOR THE INSOLVENCY OF OTHER LIFE INSURERS OR OTHER FRATERNAL BENEFIT SOCIETIES. BY LAW, A FRATERNAL BENEFIT SOCIETY IS RESPONSIBLE FOR ITS OWN SOLVENCY. IF THERE IS AN IMPAIRMENT OF RESERVES, A CERTIFICATE HOLDER MAY BE ASSESSED A PROPORTIONATE SHARE OF THE IMPAIRMENT. THIS PROCESS IS DESCRIBED IN THE CERTIFICATE ISSUED BY THE SOCIETY.

Signed: _____ at _____
(Month, Day, Year) (City, State)

Witnessed by: _____ _____
Signature of Western Catholic Union Licensed Representative | Printed Name of Representative & Representative Number

_____ _____
Signature of Member/Applicant (Parent, Grandparent or Legal Guardian) | Printed Name of Member/Applicant

_____ _____
Signature of Owner (If other than Member/Applicant) | Title of Owner

Representative's Statement

1. Does the child to be insured have existing life insurance policies or annuity contracts in force? ..... ☐ Yes ☐ No

2. Is the insurance applied for intended to replace any other insurance in force? ..... ☐ Yes ☐ No

3. Did you personally see the child to be insured at the time of application? ..... ☐ Yes ☐ No
   (Explain why not below.)

Additional Information and Details

Signature of Western Catholic Union Licensed Representative

Date

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DISCLOSURE

WESTERN CATHOLIC UNION IS LICENSED TO DO BUSINESS IN THE STATE OF OHIO. AS MEMBERSHIP ORGANIZATIONS, FRATERNAL BENEFIT SOCIETIES ARE NOT INCLUDED IN THE OHIO GUARANTY ASSOCIATION. THIS MEANS THAT FRATERNAL BENEFIT SOCIETIES CANNOT BE ASSESSED FOR THE INSOLVENCY OF OTHER LIFE INSURERS OR OTHER FRATERNAL BENEFIT SOCIETIES. BY LAW, A FRATERNAL BENEFIT SOCIETY IS RESPONSIBLE FOR ITS OWN SOLVENCY. IF THERE IS AN IMPAIRMENT OF RESERVES, A CONTRACT HOLDER MAY BE ASSESSED A PROPORTIONATE SHARE OF THE IMPAIRMENT. THIS PROCESS IS DESCRIBED IN THE CONTRACT ISSUED BY THE SOCIETY.

Signed: _____ at _____

(Month, Day, Year) (City, State)

_____

Signature of Proposed Insured

_____

Signature of Applicant/Owner (Only if other than Proposed Insured)

_____

Relationship of Applicant/Owner to Proposed Insured