



For overnight delivery use 1100 West Wells Street, Milwaukee, WI 53233

Child Cancer Benefit

Providing a \$5,000 benefit for a juvenile member recently diagnosed with cancer.

The legal, natural parent(s) or guardian(s) of a Degree of Honor juvenile member (under age 18) should complete this application within six months of the diagnosis and during the lifetime of the insured. Be sure to sign the application (below) and medical authorization (on the reverse side of this form).

Child Member Information

Full Name _____	Certificate No. _____
Insured's Address _____	Date of Birth _____
City _____ State ____ Zip _____	Social Security # _____

Parent or Guardian Information

Full Name _____	Relationship To Child _____
Insured's Address _____	Phone # _____
City _____ State ____ Zip _____	Social Security # _____

Child's Medical Information

Date of Initial Diagnosis _____	Type of Cancer _____
Doctor's Name _____	Phone _____
Address _____	Dates of Treatment _____
City _____ State ____ Zip _____	_____

**Insurance fraud may or may not be a crime subject to civil and criminal penalties.
If you reside in a state listed below that fraud warning applies to you.
I have read the fraud warning for my current state of residence.**

I attest to the accuracy of the information given on this application. I understand that the determination of eligibility for a Child Cancer Benefit payment is at the sole discretion of Degree of Honor. The Child Cancer Benefit is a fraternal benefit and not a guaranteed contractual life benefit.

Parent or Guardian Signature _____

Child's Signature (*required if 16 or older*) _____

Date _____

(Continued)



For overnight delivery use 1100 West Wells Street, Milwaukee, WI 53233

Authorization to Obtain Medical Information for Fraternal Benefits

Child:

Full Name _____ List all names by which the insured may have been known, including maiden or hyphenated name or nickname, derivative form of first and or middle name or an alias.

Address _____ Date of Birth _____

City _____ State _____ Zip _____ Social Security # _____

Medical Provider:

1. Physician/Facility Name _____
Address _____ City _____ State _____ Zip _____

2. Physician/Facility Name _____
Address _____ City _____ State _____ Zip _____

I, the child or child's parent or guardian, hereby request and authorize the Medical Provider (listed above) to give to **Degree of Honor**, its legal representatives or its records collection agent, any and all medical and non-medical information about me and/or my child for the period starting on _____, to the present.

I understand that the information to be disclosed may include diagnosis or medical history, treatment or prognosis of any physical, psychological, psychiatric and emotional illness, drug or alcohol abuse, communicable or venereal disease, Acquired Immune Deficiency Syndrome, HIV testing, Hepatitis A, B, C and sickle cell anemia.

- | | | |
|---|---|---|
| <input type="checkbox"/> History and physical | <input type="checkbox"/> Consultation reports | <input type="checkbox"/> Doctor/Clinic progress notes
(except psychotherapy notes) |
| <input type="checkbox"/> Hospital records | <input type="checkbox"/> Discharge summary | <input type="checkbox"/> Surgical reports |
| <input type="checkbox"/> Laboratory & X-ray reports | <input type="checkbox"/> Pathology reports | <input type="checkbox"/> Other _____ |

I understand that Degree of Honor will use this information to determine eligibility for the benefits being applied for on the life insurance. Degree of Honor will only release this information to organizations performing business, insurance or legal services for Degree of Honor in connection with this application or claim, or as may otherwise be lawfully required. The information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and no longer protected by the Health Insurance Portability and Accountability Act (HIPAA) rule.

This authorization shall remain in effect for two years from the date shown below, unless revoked earlier. This consent may be revoked at any time upon written request executed by the undersigned and directed to Degree of Honor, 1100 W. Wells St., Milwaukee, Wis. 53233. Such revocation will have no effect on actions already taken by Degree of Honor or its authorized agents. Health care and payment of health care will not be affected if this authorization is not signed.

I agree that a photographic or faxed copy of this authorization shall be as valid as the original. I (or my parent or guardian) have the right to refuse to sign this authorization. However, Degree of Honor may refuse coverage or payment of claimed benefits if this authorization is not signed. I (or my parent or guardian) am entitled to receive a copy of this authorization form.

Child's Signature _____ Date _____
(or parent or guardian)

Relationship to Child _____
(if signed by parent or guardian)



State Fraud Warnings

Alaska: Any person who knowingly and with intent to injure, defraud or deceive an insurance company files a claim containing false, incomplete or misleading information may be prosecuted under state law.

Arizona: For your protection Arizona state law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

Arkansas: Any person who knowingly presents a false or fraudulent claim for payment of 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.

California: For your protection California law requires the following to appear on this form. Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado: For your protection Colorado law requires the following to appear on this form. It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

Delaware: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

District of Columbia: Warning: It is a crime to provide false or misleading information to any insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

Idaho: Any person who knowingly and with intent to injure, defraud or deceive any insurance company, files a statement containing any false, incomplete or misleading information is guilty of a felony.

Indiana: Any person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete or misleading information commits a felony.

Kentucky: 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 material thereto, commits a fraudulent insurance act, which is a crime.

Louisiana: Any person who knowingly presents a false or fraudulent claim for payment of 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.

Maine: 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.

Maryland: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Minnesota: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

New Hampshire: Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20

New Jersey: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

New Mexico: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

New York: 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 be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation.

Ohio: Any person who, with intent to defraud or knowing that he 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.

Oklahoma: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon: 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 subjects such person to criminal and civil penalties.

Pennsylvania: 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 subjects such person to criminal and civil penalties.

Rhode Island: Any person who knowingly presents a false or fraudulent claim for payment of 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.

Tennessee: 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.

Texas: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Virginia: 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.

Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

West Virginia: Any person who knowingly presents false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of crime and may be subject to fines and confinement in prison.
