The New CANLS-AP application for UA’s Cancer Plan is presented in a scannable format called PASSform. PASSform documents have specific guidelines that must be used to ensure applications are processed quickly and accurately.

Follow these guidelines for proper data entry:

- **Use original applications only.** Do not make photocopies to use as applications as they cannot be scanned.
- **Use Blue or Black ink pen – Do not use pencil.**
- **Print in ALL CAPS.**
- **When filling in the fields, print one character per box and stay inside the lines. Align text to the left.**
- **It is not necessary to enter periods (.) after abbreviations in the data fields. (Example: SMITH SR or MAIN ST)**

A. Enter the Plan Code – locate the plan code in the F2711 C Cancer rate addendum for the plan the Applicant is applying for (K24 Individual, K25 Single Parent or K26 Family) and print in the field labeled “Plan Code.”

B. **Benefit Amount** – is determined by the amount of weekly allotment premium selected. Benefit amounts are available from $10,000 to $50,000 ($35,000 maximum in FL; $25,000 minimum in WA). The exact benefit amounts are found in the F2711 C rate addendum. Enter the amount selected in the field labeled “Benefit Amount.”

C. **Weekly Premium** – locate the Weekly Premium in the F2711 C rate addendum. CANLS rates are Gender specific. State Special rates apply in: CA, CO/MD, FL and WA. Use the age of the oldest person on the application to determine the K25 Single Parent and K26 Family premium. Enter the amount selected in the field labeled “Weekly Premium.”

D. **Covered Family Members** – include the Primary Applicant, Spouse and unmarried children (including stepchildren and legally adopted children) under the age of 19. Coverage on Children terminates when they marry or on the policy anniversary date following their 21st birthday unless the are still dependent due to handicap or they are a full-time student under age 23. Children born after the policy date are automatically covered for 31 days.

E. **Sex, Date of Birth and Age** – are all factors in determining the correct premium amount. Incorrect completion of this portion of the application will cause the application to pend and delay policy issue.

F. **Address Information** – is required to issue the policy even if there are no premium notices to be sent (allotment pay mode).

G. **Social Security Number** – is required.

H. **E-mail Address** – is optional.

I. **Mode of premium payment** – is required. Allotment Authorization form (F1199-A) must be completed and submitted with the application for allotment pay mode. Bank Draft Authorization form 1080 R05 must be completed and submitted with the application for Automatic Payment Plan. You must attach a voided check with tape; please do not use staples!

J. **Application Verification Information** – a telephone interview may be required. A phone number should be recorded.

K. **Replacement** – if the answer to this question is yes, you must complete a Health Replacement form, U-1318* (or a state special version). Obtain the Applicant’s signature and submit the original document with the application. Replacement rules vary by state.

*This form is required in compliance with State or Federal regulations.
L. **Health Questions** – if the answer to any of these questions is “Yes,” the proposed insured is not eligible for coverage.

M. **The Benefit is not payable** if Cancer is diagnosed before the policy has been in force 30 days from the effective date.

N. **Be sure** the Applicant understands the authorization section of application CANLS-AP which contains the Medical Information Bureau (MIB) Authorization. Enter the City, State, and Date of the application. Obtain the Applicant’s signature. Applications cannot be issued without the Applicant’s signature.

All applicants must also sign a UA’s HIPAA Authorization form F3978*. Adult applicants may sign on behalf of their children.

O. **Always** give the Applicant an Outline of Coverage (DS form)*. Express the importance of carefully reading the policy. The policy specifically defines the benefits, limitations and exclusions of the policy issued.

P. **Enter the first five letters** of your last name and your UA Agent Number.

Q. **Agent’s Signature** – is required.

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**CANLS POLICY LIMITATIONS AND EXCLUSIONS**

This policy pays a benefit only for First Diagnosis of internal cancer or malignant melanoma. Pathological proof thereof must be submitted. The following are not considered cancer for the purposes of this policy: Skin Cancer, Carcinoma in Situ, Stage 1 of Hodgkin’s Disease, Stage A Prostate Cancer, and Melanoma that is diagnosed as Clark’s Level I or II or Breslow less than 0.75 mm. This policy does not provide benefits for any other disease, sickness, disability or incapacity.

This policy contains a 30-day “waiting period.” That means that the Benefit is not payable to anyone who has Cancer diagnosed before the policy has been in force 30 days from the “Effective Date” shown in the Policy Schedule. If a Covered Person has Cancer first diagnosed during the “waiting period,” the Covered Person may void the policy from the beginning and receive a full refund of premium.

This policy will not pay benefits if the diagnosis of cancer is made by You or a member of Your immediate family or household.

This policy will not pay benefits if the diagnosis of cancer is made outside the United States of America.

**Definition of CANCER:** Leukemia, Hodgkin’s disease, or any form of malignant growth positively diagnosed as Cancer (malignant neoplasm) by a legally licensed doctor of medicine certified by the American Board of Pathology or a certified Osteopathic Pathologist. This diagnosis must be based on a microscopic study of body tissue or fluid. Criteria for malignancy are those accepted by the American Board of Pathology or the Osteopathic Board of Pathology. Premalignant conditions or conditions with malignant potential are not to be construed as Cancer in interpreting this policy. The following are not considered Cancer for purposes of this policy:

1. Skin Cancer
2. Carcinoma in Situ
3. Stage 1 of Hodgkin’s Disease
4. Stage A Prostate Cancer
5. Melanoma that is diagnosed as Clark’s Level I or II or Breslow less than .75 mm.

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*Clinical Diagnosis, IL, UT & WV.*