The Supreme Council of the Royal Arcanum

Supplemental Medical Application to the Supreme Council of the Royal Arcanum
61 Batterymarch Street, Boston, MA 02110
1-888-ARCANUM
Payor Death and Total Disability Waiver of Premium/Rider

Suspense # (Agency Office Use Only)	Amount Collected	Agent # 1111B	Account #
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Please Print all Answers. Do not use white out. All corrections must be initialed by Applicant.

Is Adult applicant a Member? NO Council Name and Number: _____ Applicant hereby applies for membership.

This Application made part of the application for juvenile insurance on John Sample (print name of child) for 20 pay life (state plan of insurance)

Sample, John R.

Name (Last, First, MI)	Date of Birth	Sex	Age	Birth State/Province	S.S. No.	Maiden Name
	05/20/2001		14	NY	000-00-000	N/A

Current Address	City	State/Province	Zip Code
99 Summer St.	Syracuse	NY	00000

A.(1)Applicant: Height 5Ft.5In.; Weight 135

B. Have any of the Proposed Insureds in the last 10 years been medically treated for, or had any known indication of:

	YES	NO
1. Rheumatic fever or other severe infection, high blood pressure, heart murmur, chest pain or heart attack, varicose veins, phlebitis or other disorder of the heart or blood vessels; hepatitis, anemia (including sicklecell) or other disorders of the Blood?	___	✓
2. Disorder of the eyes, ears, nose, throat or thyroid gland?	___	✓
3. Dizziness, fainting, convulsions or epilepsy, paralysis or stroke; mental or nervous disorder; suicide attempt, depression, loss of memory, severe headaches, disorder or disease of the brain or nervous system?	___	✓
4. Shortness of breath, persistent cough, chronic bronchitis, emphysema, black lung, asthma, tuberculosis, chronic pneumonia or other respiratory disorder?	___	✓
5. Jaudice, ulcer or hernia; chronic diarrhea, disorder of the stomach, intestines, rectum, liver, gallbladder, pancreas or spleen?	___	✓
6. Sugar, albumin, blood or pus in urine; kidney stone; disorder of the bladder, kidney, prostate or reproductive organs, venereal disease?	___	✓
7. Diabetes, goiter or other gland disorders?	___	✓
8. Gout or arthritis; disorder of back, muscles, bones or joints?	___	✓
9. Deformity or amputation?	___	✓
10. Cancer, tumor, or any disorder of skin or lymph glands, polyp, cyst, unexplained or unusual skin lesion or infections, melanoma?	___	✓
11. Disease, disorder or deformity of the muscles, nerves, back, neck, spine, cartilage, bones or joints?	___	✓
C. Ever been medically diagnosed as having, or been treated for, Acquired Immune Deficiency Syndrome (AIDS) or AIDS related conditions (ARC)?	___	✓
D. Other than as stated in Section B above, within the past five years have you:		
1. Had a check up, consultation, illness, injury or surgery?	___	✓
2. Been a patient in a hospital, clinic or any medical facility?	___	✓
3. Had an electrocardiogram, X-ray or diagnostic test?	___	✓
4. Been advised to have any diagnostic test, hospitalzation, or surgery which was not completed?	___	✓
E. Within the last 10 years: used LSD, heroin, marijuana, Cocaine, barbiturates, or any narcotic drug; or been treated for alcoholism or drug abuse?	___	✓
F. Had a family history of diabetes, cancer, heart disease, mental illness or suicide?	___	✓
G. Are any proposed insureds now receiving treatment or Medication?	___	✓
H. Name and address of all Physicians (include date and reasons last seen)		

I. Explain "Yes" answers (Identify proposed Insured, question number and include diagnoses, dates, duration and names and addresses of all attending physicians and medical facilities) (Additional sheets may be added if necessary, and each sheet shall become a part of this application): **N/A**

Section J- General Information

Give "Yes" details in Section K

Have you or anyone proposed for insurance:	YES	NO
1. Been declined, rated, restricted, postponed, canceled or had reinstatement declined?	___	✓
2. Intend to discontinue or stop paying premiums on any life or health insurance if this insurance is issued?	___	✓
3. Currently negotiating for other life insurance?	___	✓
4. Contemplated flying or flown during the past two years, as a pilot, crew member, or trainee? (If "yes", complete Aviation Questionnaire)	___	✓
5. Plan to participate, or have participated within the last two years, in any activity such as: underwater diving, sky diving, organized automobile, motorcycle or motor boat racing?	___	✓
6. Used tobacco in any form in the past 12 months?	___	✓

Section K. Details and remarks:

J. Family History information:

	Age	M/F	Current Health	Age if deceased	Cause of death
Spouse	**NA**				
Father	**58**	**M**	**Good**		
Mother	**53**	**F**	**Good**		
Sibling1	**N/A**				
Sibling2					
Sibling3					
Sibling4					

AGREEMENT DECLARATION

THE APPLICATION- Each person signing below agrees that: (1) to the best of his/her knowledge and belief, all statements made in this application and any supplements are complete and true and were correctly recorded; (2) this application and any supplements shall form the basis for and become part of any policy issued; and (3) he/she adopts all statements in the application and agrees to be bound by them. I agree that the Charter, Constitution and Laws of the Supreme Council of the Royal Arcanum now in effect or hereafter enacted shall be binding upon me and the beneficiary.

LIABILITY OF THE SOCIETY- The Society shall have no liability unless: (1) the application has been approved by the Society at its Home Office; (2) the first premium has been paid during the lifetime of all persons to be insured by the policy; (3) the policy has been delivered to the person named as owner in the policy; and (4) at time of payment and delivery all statements in the application are complete and true as though they were made at that time. If any of these conditions are not met, the insurance applied for shall not take effect.

AUTHORITY OF AGENTS-No Agent of the Society can change the term of this application or any policy issued by the Society. No agent can waive any of the Society's rights or requirements, or extend the time for any premium payment.

CHANGES AND CORRECTIONS-Any changes or corrections of the application will be made in the "Home Office Endorsements" section of the policy form or on an Amendment of application attached to the policy. Acceptance of any policy issued shall be acceptance of any changes or corrections made by the Society.

ACKNOWLEDGEMENT-I (we) have received (1) a notice that an "Investigative Consumer Report" may be made on any person proposed for insurance in connection of this application, and (2) a notice concerning the "Medical Information Bureau".

Authorization- I (we) authorize any licensed physician, medical practitioner, hospital, clinic or other medical or medical related facility, insurance company, the Medical Information Bureau or other organization, institution or person, that has any records or knowledge of me or any family members proposed for coverage, to give such information to The Supreme Council of the Royal Arcanum or its re-insurer. A photographic copy of this authorization shall be as valid as the original.

Date at Syracuse, NY
(City or Town, State)

Owner Sign

Signature of Proposed Member/Insured

this 15th day of May, 2015

I certify that the information has been accurately recorded:

Agent Sign

Signature of Agent