



APPLICATION FOR GOOD HEALTH BENEFIT(S)

IMPORTANT -- PLEASE READ CAREFULLY

Qualification

The Good Health Benefits will be available to members of Woman's Life Insurance Society in good standing at the time of application for the benefit. Expense must be incurred after date of membership. Members who hold only extended term insurance or reduced paid up insurance are not eligible for these benefits.

Breast Cancer Screening Benefit

A benefit up to \$50 will be paid annually (one benefit per 12 consecutive month period) for the out-of-pocket expense incurred by an eligible member for X-ray and radiologist expenses in obtaining a mammogram in connection with breast cancer screening.

Colon Screening Benefit

A benefit up to \$50 will be paid annually (one benefit per 12 consecutive month period) for the out-of-pocket expense incurred by an eligible member for surgical and pathology expenses associated with the performance of a screening colonoscopy or screening flexible sigmoidoscopy.

Annual Physical Good Health Benefit

A benefit up to \$50 will be paid annually (one benefit per 12 consecutive month period) for the out-of-pocket expense incurred by an eligible member associated with the performance of an annual physical examination or an annual breast and pelvic exam, including physician and pathology expenses associated with the performance of a pap smear.

Requirements

This claim cannot be processed without the completed Application for Good Health Benefit(s) and proof of out-of-pocket expense. Proof of out-of-pocket expense includes an explanation of benefit statement from your insurance provider, a hospital or clinic bill, a receipt of payment and/or a cancelled check. "Out-of-pocket" expense means gross expense incurred less reimbursement from any insurer or relief agency.

Return completed application and required documentation to:

**Woman's Life Insurance Society
Attn: Good Health Benefits
1338 Military Street, PO Box 5020
Port Huron, MI 48061-5020**

Woman's Life Insurance Society® A Fraternal Benefit Society
1338 Military Street PO Box 5020 Port Huron Michigan 48061-5020
800.521.9292 810.985.5191 www.womanslife.org



APPLICATION FOR GOOD HEALTH BENEFIT(S)

Please complete the following:

1. NAME OF MEMBER:	2. MEMBER #:
3. ADDRESS:	
4. CITY:	5. STATE/ZIP CODE:
6. DAYTIME PHONE #:	7. FAX # OR EMAIL ADDRESS:

Applying for:

- Breast Cancer Screening Benefit
- Colon Screening Benefit
- Annual Physical Good Health Benefit

DATE OF SERVICE	NAME AND LOCATION OF PHYSICIAN, HOSPITAL OR CLINIC	TOTAL EXPENSE	AMOUNT PAID BY INSURANCE	AMOUNT OF OUT-OF-POCKET EXPENSE

8. PLEASE LIST INSURERS (INCLUDING MEDICAID/MEDICARE):	9. DO YOU EXPECT ANY FURTHER BENEFITS TO BE PAID ON THE ABOVE BY YOUR HEALTH INSURANCE OR OTHER AGENCY? <input type="checkbox"/> YES <input type="checkbox"/> NO
10. SIGNATURE OF CLAIMANT: <i>By signing below, I hereby certify that the information contained on this application is true and correct to the best of my knowledge.</i>	11. DATE SIGNED:

Approved	Date Check Mailed	Check Number
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