

# Did you know...

the first step in protecting your family's financial future costs just pennies a day with BC Life & Health's Term Life Insurance?

That's right—just pennies a day! Sign up now for \$15,000 of Term Life coverage with NO waiting periods and NO additional health questions.\*

Just complete and return the enrollment form on the back of this page within 60 days of your health insurance effective date. No need to send a payment at this time. Your life premium will be added to your health insurance billing statement. It's that easy.

As always, your best source for insurance information and advice is your authorized Blue Cross Agent.



<b>\$15,000 Term Life Coverage</b>	
<b>Age</b>	<b>Premium/Month†</b>
1-18	\$1.50
19-29	\$2.80
30-39	\$3.25
40-49	\$7.50
50-59	\$20.90
60-64	\$29.40

†Based on attained age. Insurance not available under the age of one year.

\*This offer is exclusively for members currently enrolled in Level I and Level I+20 medical plans.

You've demonstrated concern about your family's security by recently purchasing health insurance. Now you can further protect that security by adding financial protection. Should you wish to purchase additional protection, up to \$50,000, please contact your Blue Cross Agent or Individual Services at 1-800-333-0912.

## Act Today!

This guaranteed approval special offer expires 60 days from the effective date of your health insurance policy.

Satisfaction Guaranteed—you have 10 days from receipt of the policy to review and return it for a full refund if not completely satisfied with the terms and conditions of the policy.



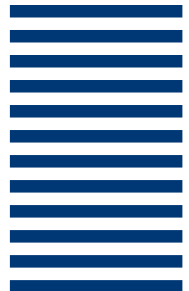
**BUSINESS REPLY MAIL**

FIRST-CLASS MAIL PERMIT NO. 70 VAN NUYS, CA

POSTAGE WILL BE PAID BY ADDRESSEE

BC Life & Health Insurance Company  
P.O. Box 9210  
Oxnard, CA 93031-9210

NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES



**TERM LIFE INSURANCE ENROLLMENT FORM**

Contract Code: H058



**Instructions:** Complete, sign and date this enrollment form. No need to include your payment—you will be billed for your first premium.

Complete beneficiary information for any dependents you wish to insure.

First, fold in at dotted line

Subscriber:		Social Security Number:	
Beneficiary:		Relationship:	Age: (if Minor)
Beneficiary Address (City/State/ZIP):			
Spouse:		Social Security Number:	
Beneficiary:		Relationship:	Age: (if Minor)
Beneficiary Address (City/State/ZIP):			
Eligible Dependent:		Social Security Number:	
Beneficiary:		Relationship:	Age: (if Minor)
Beneficiary Address (City/State/ZIP):			
Eligible Dependent:		Social Security Number:	
Beneficiary:		Relationship:	Age: (if Minor)
Beneficiary Address (City/State/ZIP):			

**Subscribers Currently Using Monthly Checking Account Deduction or Monthly Credit Card Payment:**

I understand and agree that the additional premium for the life policy I am requesting will be deducted monthly from my checking account, or charged monthly to my credit card, under the same terms and conditions agreed to when I signed the original payment authorization for my Blue Cross of California medical policy.

**Agreement:**

I understand that to enroll for this Term Life Insurance, I must complete and mail this Enrollment Form, and it must be received by BC Life & Health Insurance Company (BCL&H) within 60 days following the effective date of my Blue Cross health coverage. I also understand that the life insurance will not become effective until the first of the month following BCL&H's receipt of this completed Enrollment Form, and the first premium for this policy has been received by BCL&H during the lifetime of the insured(s). I alone am responsible for having read and completed the beneficiary information.

Please review the policy for information on policy benefits, conditions, limitations and exclusions.

Then, fold in over the first fold

Signature of Enrolling Subscriber:	Date:	Signature of Enrolling Spouse:	Date:
X		X	
Signature of Enrolling Dependent: (age 18 or over)	Date:	Signature of Enrolling Dependent: (age 18 or over)	Date:
X		X	

IMPORTANT—All signatures must include current date.

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