

Credit Card Authorization for Long Term Care Insurance Initial Premium Form

Instructions <ul style="list-style-type: none"> ▪ Credit Card Payment NOT available in the following application states (State of Policy Paid For): (AK, CA, MD, NJ, NY, NC, and PA). ▪ Enter name of Proposed Insured(s) (Must Match Application). ▪ Indicate the amount of Full Modal Premium(s). ▪ Complete Credit Card Information section (Visa & MasterCard Only). ▪ Sign and date this Authorization Form. ▪ Complete and sign page 2 and provide to customer. ▪ NOT FOR USE WITH ANY OTHER FORM OF PAYMENT. 		State of Policy Paid For: (State Abbreviation): Required Field
Print Name of Proposed Insured (Applicant A):	Print Name of Proposed Insured (Applicant B, if applicable):	
Amount of Initial Premium (Applicant A. Amount should match Full Modal Premium in Application.) (For CIA, 3 months minimum Req): \$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	Amount of Initial Premium (Applicant B. Amount Should match Full Modal Premium in Application.) (For CIA, 3 months minimum Req): \$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	
Printed Name of Agent:	Agent's Phone Number:	

Credit Card Information			
Name of Card Holder as Shown on Card:			
Billing Address of Card Holder:	City:	State:	Zip Code:
Card Type:	Card Number:		
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Expiration Date: <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>			

Terms & Conditions	
I authorize General Electric Capital Assurance Company (Company) to collect the Initial Premium stated above from the Credit Card described above. I understand and agree that this Authorization is subject to the following conditions: <ul style="list-style-type: none"> ▪ This Authorization form must be completed in its entirety in order to be valid. ▪ Signing this Authorization does not mean that coverage is effective; coverage is effective only as stated in the application. ▪ Payment by Credit Card does not alter any contract issued by the company. ▪ Any refund for coverage not taken or declinations will be made directly via check, not as a credit to the Credit Card. Otherwise, refunds will be applied in accordance with applicable laws. ▪ If the Credit Card charge request is not honored, no further attempt to use the Credit Card to collect premium will be made and Conditional Insurance Agreement (CIA) will not apply. A bill will be issued for the required premium. See page two (2) of this form for additional information regarding CIA. ▪ This Authorization pertains to payment of the Initial Premium stated above only for the amount specified above. The Company only accepts Credit Cards for payment of the Initial Premium. No subsequent premiums will be collected from the Credit Card under this Authorization. ▪ Your Credit Card will be charged for the Initial Premium promptly after receiving authorization. ▪ Any refund of the premium will NOT include reimbursements for credit card interest, fees or other obligations that the credit card company may impose. ▪ For Authorizations related to two applicants, we will charge the credit card the total amount of the premiums for both applicants on this Authorization. ▪ If the appropriate applicant split is not indicated, the Company will determine the split in the manner most appropriate. Please note that it may affect conditional insurance coverage. ▪ For questions regarding your credit card payment, please contact us at 1-(800) 309-0047 	

BY SIGNING BELOW, I AM AGREEING TO THE TERMS AND CONDITIONS LISTED ABOVE AND ON PAGE TWO (2) OF THIS FORM.	
Authorized Signature of Card Holder :	Date: ____ / ____ / ____ mm dd yyyy
Authorized Signature of Proposed Insured (Applicant A, if different from Card Holder) :	Date: ____ / ____ / ____ mm dd yyyy
Authorized Signature of Proposed Insured (Applicant B, if different from Card Holder) :	Date: ____ / ____ / ____ mm dd yyyy

Office Use Only
A R

Genworth Financial
General Electric Capital Assurance Company
 Long Term Care Insurance Division
 3100 Albert Lankford Drive

Credit Card Form (cont.)

Customer Copy

Conditional Insurance Agreement	
If you requested an Effective Date that is later than you Application Date, the following Agreement will not apply and our underwriting will consider any changes in your health status which occur after the Application Date.	
<p>Agreement: This Agreement applies only if all of the following requirements have been satisfied:</p> <ol style="list-style-type: none"> 1. The credit card authorization is approved for at least the full three (3) months of Premium set forth in the application for insurance. 2. Applicant(s) did not request in writing, an Effective Date that is later than the Application Date; and 3. Applicant(s) accurately answered NO to all parts of questions #1 through #4 in the application; and 4. The answers in the application accurately indicate that: <ol style="list-style-type: none"> A. Within the past 5 years applicant(s) HAD NOT: received medical advice or treatment, been medically diagnosed, or consulted with a health professional for any of the following: Brain Disorders, Convulsions, Seizures, Fainting Spells, Black Outs, Mental Illness, or Paralysis. B. Within the past 3 years applicant(s) HAD NOT: been medically advised to have surgery that has not been performed; or received home health care; or been medically advised to enter or been confined to a nursing home, assisted care facility, or other long term care facility. 5. NO material misrepresentation or misstatement was made in the application. 	
<p>When all of these requirements are satisfied, the applicant(s) and the Company agree that:</p> <ol style="list-style-type: none"> 1. In underwriting the application Company may conduct a telephone or personal interview to determine your health status as of the Application Date. The Company will not disapprove your application based on any change in the applicant(s) health status that occurs after the Application Date. 2. If Company approves the application, Company will provide insurance under the policy for which application was made, and the Policy will be Effective as of the Application Date. <p>Paragraph three (3) of the following Agreement does not apply in the following states: CT, MD and TX.</p> <ol style="list-style-type: none"> 3. If Company disapproves the application, Company will provide temporary insurance for loss, which begins between the Application Date and the date the application, was disapproved. The application shall be deemed disapproved if Company does not approve the application within 120 days of the Application Date. The temporary insurance will provide the same benefits and be subject to the same provision, conditions, limitations and exclusions as found in the policy for which application is being made; except that it will only pay benefits for expenses that are incurred within 180 days following the Application Date. In no event will the total of the benefits payable by Company under the temporary insurance exceed the lesser of: (a) \$10,000; and (b) the actual expenses incurred. 	
Name of Card Holder as Shown on Card:	
Print Name of Proposed Insured (Applicant A, If different than Card Holder):	Print Name of Proposed Insured (Applicant B, if applicable and different than Card Holder):
Amount of Initial Premium (Applicant A. Amount should match Full Modal Premium in Application.) (For CIA, 3 months minimum Req):	Amount of Initial Premium (Applicant B, if applicable. Amount Should match Full Modal Premium in Application.) (For CIA, 3 months minimum Req):
\$ <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> , <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> . <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	\$ <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> , <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> . <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>
Signature of Agent: _____	Date Signed: _____
Print Agent's Business Address:	

No applicant, agent, producer or representative has any power or authority to change any of the provisions of this Agreement.

Genworth Financial
General Electric Capital Assurance Company
 Long Term Care Insurance Division
 3100 Albert Lankford Drive
 Lynchburg, VA 24501-4948
 1-(800) 309-0047