

CRITICAL ILLNESS INSURANCE DISCLAIMER

It is very important that you review your Enrollment Form carefully. Misstatements or omissions could cause an otherwise valid claim to be denied.

CONFIDENTIALITY OF MEDICAL INFORMATION

The medical information disclosed on this Enrollment Form will not be disclosed to the employer or any other persons without the authorization of the Proposed Insured.

AUTHORIZATION TO RELEASE MEDICAL INFORMATION

I authorize ACE Property & Casualty Insurance Company ("Company") or its reinsurers to acquire from and authorize any hospital, physician, medical practitioner, clinic, pharmacy, pharmacy benefits manager or other pharmacy-related services organization, medically related facility, insurance company, or consumer reporting agency to release to the Company any information regarding me or my past or present health for the purpose of evaluating this Enrollment Form for insurance. I also authorize the Company or its reinsurers to disclose all such information to any physician, or any other insurance company in order to evaluate a claim or an application for insurance.

This authorization shall remain valid for a period of two years from the issue date of the coverage. I understand that I have the right to revoke this authorization at any time. A photocopy of this authorization will be as valid as the original. A copy of the authorization is available to me or my representative upon request to the Company.

I understand that any insurance will not take effect unless and until ACE Property & Casualty Insurance Company approves my enrollment. If coverage cannot be issued as requested under the rules of the company, I authorize ACE Property & Casualty Insurance Company to issue reduced benefits and adjust premiums to match the coverage issued.

I authorize my employer to deduct the premiums for this insurance from my earnings (unless the coverage for which I am requesting allows for alternate methods to pay insurance premiums). This authorization may be revoked at any time.

In applying for this coverage, I represent and affirm that the information which I have given as recorded on this Enrollment Form is true and complete to the best of my knowledge and belief.

This form may be completed by electronic or telephonic means. I acknowledge that ACE Property & Casualty Insurance Company or its agent has verified my identity for this purpose in accordance with any applicable law or regulation. If completed by electronic means, I agree to provide my consent and authorization to complete an electronic transaction to apply for coverage, and that this authorization shall constitute an electronic signature. If completed by telephonic means, I acknowledge that I have not myself physically signed the form, but instead I hereby authorize ACE Property & Casualty Insurance Company or its agent to accept my voice signature response. All enrollment data and evidence of insurability will be made part of the Policy.

THIS IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE. LACK OF MAJOR MEDICAL COVERAGE (OR OTHER MINIMUM ESSENTIAL COVERAGE) MAY RESULT IN AN ADDITIONAL PAYMENT WITH YOUR TAXES.

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or application containing any false, incomplete, or misleading information may be guilty of a felony of the third degree.