

MADISON NATIONAL LIFE INSURANCE COMPANY, INC.

Home Office: 1241 John Q. Hammons Drive, Madison, W

Primary	Secondary	Name (Last, First, Middle)	Relationship:	Percent of Benefit: %
Primary	Secondary	Name (Last, First, Middle)	Relationship:	Percent of Benefit: %
Primary	Secondary	Name (Last, First, Middle)		

PREMIUM CALCULATION

Portable Coverage Monthly Premium Rate (per \$1,000 of benefit):

Insured: \$ _____	Spouse: \$ _____	Child: \$ _____	Family: \$ _____
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FRAUD WARNING: The following Fraud Warning applies to residents of all states except those states listed separately below.

FRAUD WARNING: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance may be guilty of a crime and subject to fines, confinement in prison and/or denial of insurance benefits.

STATE-SPECIFIC FRAUD WARNINGS

ARIZONA WARNING: Any person who knowingly presents false or fraudulent information in an application for insurance is guilty of a crime and may be subject to fines, confinement in prison, and/or denial of insurance benefits.

COLORADO WARNING: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damage. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the Department of Regulatory Agencies.

DISTRICT OF COLUMBIA WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

FLORIDA WARNING

RESIDENTS OF FLORIDA, GEORGIA, MAINE, NEW JERSEY, NEW YORK, OR VERMONT:

THIRD-PARTY NOTICE REQUEST

As an Applicant for this portable coverage, you have the right to designate another person to receive correspondence in the event any past due premiums could cause a possible termination of this coverage. This person is known as a "third party" and this person would not receive regular premium billings or other insurance correspondence.

Would you like to designate a third-party to receive notice if this coverage is going to terminate due to nonpayment of premium? Yes No If "Yes, please complete the following:

Name of Designee (*First, Middle, Last*):

Address of Designee:
