IMPORTANT INSURANCE BREAK THROUGH –

HERE AT LAST IS A POLICY THAT SLASHES THE COST OF HEALTH INSURANCE.

PAYS THREE BIG WAYS WHEN MONEY IS NEEDED MOST!

1. $100 a WEEK while hospitalized for accident. Benefit period starts after third day and continues up to 53 weeks. Income benefit for each accident to – $5,300.00!

2. $100 a WEEK while hospitalized for illness. Benefit period starts after third day and continues up to 53 weeks. Income benefit for each illness to – $5,300.00!

3. $5,300.00 in CASH for traffic or travel death. You're insured while a passenger in autos, taxis, buses, *commercial airlines including non-scheduled flights*, railways, and all ships and boats. You are also insured while driving (except as a paid chauffeur) any car, rental auto, land or water vehicle. You are insured if you are hit or run over by a car or any vehicle while walking.

ONLY $1.00 pays first month's coverage for YOU and EVERY dependent under age 65 shown on application.

To introduce you to this wonderful low cost coverage and so that you can obtain this policy and see for yourself the substantial income benefits you get, send only $1.00! You and each family member (regardless of how many) are insured for ONE FULL MONTH! After that, these low regular rates apply for each $100 weekly benefit: $2.50 a month for each adult – $1.50 a month for each unmarried dependent under 18, who gets *one-half weekly benefits* and full death benefit.

YOUR CHOICE OF PLANS... AT THESE AMAZINGLY LOW RATES!

Plan	Sickness Benefits	Accident Benefits	Death Benefits	First Month Cost for Family
A	$100 a wk.	$100 a wk.	$ 5,300	$1.00
B	$200 a wk.	$200 a wk.	$10,600	$2.00
C	$300 a wk.	$300 a wk.	$15,900	$3.00
D	$400 a wk.	$400 a wk.	$21,200	$4.00

Please indicate on application when ordering plan B, C or D and enclose payment as shown above.

WHY THE COST IS LOW There's no mystery about this remarkable, low price policy. By eliminating personal selling expense and relying on the media of mass communication, substantial savings are realized – and passed on to you! And by cutting out expensive all-inclusive benefits you are able to get substantial income protection at low, low rates!

FEW LIMITATIONS: Suicide, self-inflicted injuries, war, rest cures, dental work, pregnancy, felony or illegal act such as drunk driving, piloting planes, speed contests and motorcycling and pre-existing conditions are not covered.

BENEFICIAL INSURANCE GROUP

Form AD-804-B

Issuance of policy subject to final form approval by Insurance Department of your state. This offer is valid in your state only if such approval is given.

COMPARE THESE FEATURES

- *Family and Individual coverage at amazingly low cost.*
- *Weekly income benefits paid in cash to you or anyone you designate.*
- *You are protected for both sickness originating and accidents occurring after policy is issued.*
- *Pays in addition to any group or individual coverage you may have – including Workmen's Compensation!*
- *3 day elimination cost saving provision works like deductible feature used in auto collision insurance.*
- *Free choice of hospital and doctor.*
- *Convenient monthly payments. (11 months' premium in advance pays for one full year.)*
- *Day and night coverage anywhere in the world.*
- *Weekly income benefits are FREE of Federal Income Taxes.*
- *No limit on number of times hospitalized.*
- *Optionally renewable by company ... MONEY BACK GUARANTEE! If not 100% satisfied return policy within ten days for premium refund.*

FILL IN AND MAIL APPLICATION TODAY! If you think it is high time that someone cut the cost of insurance – *ACT AT ONCE!* Sickness and accidents don't pick and choose – and they always cause financial hardship!

Policy issue subject to final approval by Insurance Department of your state.

APPLICATION FOR INDIVIDUAL OR FAMILY POLICY — MAIL TODAY

I am enclosing $1.00 in payment for one month's insurance. I understand that the policy applied for is not effective until issued.

NAME OF APPLICANT (PLEASE PRINT) _____ DATE OF BIRTH _____ SEX _____

ADDRESS _____ STREET _____ CITY _____ ZONE _____ STATE _____

FAMILY MEMBERS YOU PROPOSE TO COVER FIRST NAMES - MIDDLE NAMES - LAST NAME	Relationship	Date of Birth

BENEFICIARY _____ RELATIONSHIP _____

Have you or any member listed received any medical or surgical attention within the past 3 years? ☐ Yes* ☐ No

To the best of your knowledge and belief is each of the members listed now in good health and free of physical impairment? ☐ Yes ☐ No*

*Give name of member, details, cause, dates and whether now fully recovered. _____

I understand the policy does not cover conditions originated prior to its effective date.

DATE _____ SIGNED _____

FORM A-804

Mail your payment to Beneficial Insurance Group, 756 South Spring Street, Los Angeles 14, California. Underwritten by the following insurance carriers according to insured's state of residence.

- ☐ Beneficial Fire & Casualty Ins. Co. (Tex., Ariz., Neb.), Los Angeles 14, California (Form 2-804)
- ☐ Fidelity Interstate Life Ins. Co. (Md., N.C.), Philadelphia 2, Pennsylvania (Form 5-804)
- ☐ Vermont Accident Ins. Co. (Vt., Me., N.H.), Rutland, Vermont (Form 7-804)
- ☐ Beneficial Standard Life Ins. Co. of N.Y. (N.Y.), New York 17, New York (Form 8-804)
- ☐ Central National Life Ins. Co. (Kan., N.J.), Omaha 14, Nebraska (Form 804)
- ☐ Beneficial Standard Life Ins. Co. (all other states), Los Angeles 14, California (Form 1-804)

In conformity with the American agency system, any licensed insurance agent or broker may submit this application for you to one of the above companies at no extra charge to you.

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