

NOW, from our Accident Division you get:

# \$1,000 cash a month

even for the rest of your life while hospitalized from any accident.

No, this is not a misprint. If you qualify, you get an iron-clad guarantee which pays you at the rate of \$1,000.00 CASH a month beginning the first day you are in a hospital (other than a sanitarium, rest home or government hospital) from any accident. Even if you're so confined only one day, you still get \$33.33.

There are no gimmicks. Your policy will contain No Exceptions, No Exclusions, No Limitations, no waiting periods, no ifs, ands or buts.

And what's more - - -

This plan is NON-CANCELLABLE and GUARANTEED RENEWABLE for Life.

1. Use your policy as often as you need to—you own it, it can never be taken away as long as you pay your premium on time. Your premium can never be raised; your benefits can never be reduced.
2. You are paid the full amount even though you have other insurance or compensation. You get CASH . . . use it for any purpose: pay bills, buy groceries, pay rent, etc. When you are hospitalized your everyday living expenses still go on. Help meet them with the TAX FREE cash this policy provides.
3. THIS PLAN PAYS CASH WHILE YOU ARE HOSPITALIZED FOR ANY ACCIDENT, ANYWHERE, ANYTIME. You DON'T have to be hurt in any particular kind of accident such as: Auto, Pedestrian, Bus, Traffic, Train, etc. ALL Accidents are covered—at home, at work, at play—24 hours a day.

You get a full month's coverage for 25¢. Send no money. When you receive your policy, read it carefully. Only after you agree it does everything we claim, send in your quarter. This doesn't even cover our cost, but we'll gamble that you will continue at the low price of only \$5.00 a month - - - just as thousands of others have done. Remember for each day you are in the hospital, you get \$33.33.

How can this policy be offered at such a low cost? The answer is simple. You are buying directly from the company through the mail and the savings are passed on to you. No agent or salesman will call or bother you.

Compare this with others. We welcome comparison because this policy pays from the first day, we can't pay any sooner; it pays forever, we can't pay any longer. Remember, the cost is only \$5.00 each month, or, if paid in advance, \$55.00 a year and the benefits are \$1,000.00 a month. Policy issued ages 1 through 80 to residents of the United States who can qualify.

Don't wait until it's too late. Fill out the application and mail it today. There are no strings attached; you are under no obligation.

Sincerely yours,


*C. K. Collins*

FILL OUT AND MAIL THIS COUPON NOW . . .

AND GIVE THIS COUPON TO A FRIEND OR RELATIVE!

**SEND NO MONEY—  
NO AGENT  
WILL CALL**


Mail the coupon now. Your policy will be sent immediately. Special payment envelope for sending in 25¢ for your 1st month coverage will accompany the policy. No agent or salesman will call.

 **NATIONAL BENEFIT LIFE INSURANCE COMPANY**

Insurance Center Building, Dept. FW-103A, 330 South Wells St., Chicago 6, Illinois  
Application to National Benefit Life Insurance Company for policy form 1000G pays at the rate of \$1,000 A MONTH CASH

Name in full (Please Print) \_\_\_\_\_  
 First \_\_\_\_\_ Initial \_\_\_\_\_ Last \_\_\_\_\_  
 Address \_\_\_\_\_  
 (Street Number or R.F.D.)  
 City \_\_\_\_\_ State \_\_\_\_\_ Occupation \_\_\_\_\_  
 Birth Date \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Sex \_\_\_\_\_  
 (Month) (Day) (Year)  
 Are you now free from mental and physical illness to the best of your knowledge and belief? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If not please explain \_\_\_\_\_  
 I understand that this application is subject to receipt & acceptance at the Company's Home Office.  
 \_\_\_\_\_ 19 \_\_\_\_\_ Write name \_\_\_\_\_  
 Date \_\_\_\_\_  
 Check here if you want additional applications for friends or relatives.

Form #AC861

 **NATIONAL BENEFIT LIFE INSURANCE COMPANY**

Insurance Center Building, Dept. FW-103B, 330 South Wells St., Chicago 6, Illinois  
Application to National Benefit Life Insurance Company for policy form 1000G pays at the rate of \$1,000 A MONTH CASH

Name in full (Please Print) \_\_\_\_\_  
 First \_\_\_\_\_ Initial \_\_\_\_\_ Last \_\_\_\_\_  
 Address \_\_\_\_\_  
 (Street Number or R.F.D.)  
 City \_\_\_\_\_ State \_\_\_\_\_ Occupation \_\_\_\_\_  
 Birth Date \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Sex \_\_\_\_\_  
 (Month) (Day) (Year)  
 Are you now free from mental and physical illness to the best of your knowledge and belief? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If not please explain \_\_\_\_\_  
 I understand that this application is subject to receipt & acceptance at the Company's Home Office.  
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 Date \_\_\_\_\_  
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