

National Prudential Life Insurance Company

\$36.98

WILL PAY DIRECT TO YOU INCOME TAX-FREE

\$100 EVERY WEEK
up to **\$5,200⁰⁰**

**NO
WAITING
PERIOD**

While In The Hospital From Sickness or Accident
(IT PAYS IN ADDITION TO WORKMAN'S COMPENSATION OR ANY OTHER INSURANCE)

**This Policy Also
Provides Payment
of**

\$5,000⁰⁰

**AUTO TRAFFIC
ACCIDENT
DEATH BENEFIT**

**\$1 COST
YOU ONLY**

Applications Accepted Up To Age 75

THIS policy covers EACH and EVERY INSURED member of your family. If several are sick or hurt at the same time EACH ONE gets paid \$100 a week while in hospital.

**MAIL THE APPLICATION!
NO SALESMAN WILL CALL**

\$100 A WEEK SICKNESS BENEFITS

while in the hospital beginning after the third day of confinement for sickness. The \$100.00 a week is sent to you every week for as long as 52 weeks (\$5,200) and is yours to use as you see fit!

\$100 A WEEK ACCIDENT BENEFITS

while in the hospital from the first day, due to accidental injuries. This \$100 is sent to you every week as long as 52 weeks (\$5,200) and is yours to use as you wish.

\$5000 AUTO ACCIDENTAL DEATH BENEFITS

will be paid for loss of life resulting from traffic ACCIDENTS sustained while driving or riding in any automobile, bus or truck should death occur within 60 days of the accident. This is in ADDITION to any hospital benefits payable.

CHILDREN RECEIVE FULL \$5,000 UNDER THIS BENEFIT

\$5000 POLIO EXPENSE BENEFITS

FOR ANY FAMILY MEMBER INSURED WHEN STRICKEN BY POLIO.

REGULAR LOW MONTHLY RATES

1 Month's Premium

One Person Only (Man or Woman) (Under 65 years of age)	\$2.50
One Person Only (Man or Woman) (65 to 75 years of age)	3.50
Man and Wife (under 65 years of age)	5.00
Man and Wife and 1 Child (child under 18 years of age)	6.50
Either Parent and 1 Child (child under 18 years of age)	4.00
Either Parent and 2 Children (children under 18 years of age)	5.50
For Each Additional Child Under 18 years of age ADD	1.50

Children (under 18 years) pay reduced rates and receive one-half Hospital Benefits plus FULL Accidental Death and Polio Benefits. Applications Accepted up to Age 75.

**65,000 PERSONS ARE
INSURED EVERY DAY**

ALL PAYMENTS SENT DIRECT TO YOU
(Unless Assignment Is Made)

APPLICATION BLANK

FHAA

FOR INDIVIDUALS OR FAMILY GROUPS

To: National Prudential Life Insurance Company
1116 N.W. 51st Street, Oklahoma City, Oklahoma

Gentlemen—I am enclosing \$1.00 in payment for one month's insurance for National Prudential Life Insurance Company's HOSPITAL POLICY.

(Please print full names of all members whom you wish included in this policy.)

FIRST NAMES—MIDDLE NAMES—LAST NAMES	DATE OF BIRTH			
	MO.	DAY	YEAR	AGE
1. (APPLICANT)				
2.				
3.				
4.				
5.				
6.				

ADDRESS _____
CITY _____ COUNTY _____ STATE _____

OCCUPATION _____

NAME OF BENEFICIARY _____

RELATION TO APPLICANT _____

* Have you or any members listed received any medical or surgical attention within the past 3 years?
(Give full particulars, dates, etc.) _____

* Are you and all members listed above in whole and sound health to the best of your knowledge and belief? (If not, please explain.) _____

STATE YES OR NO

Name of Family Doctor _____

Doctor's Address _____

Write your name here _____

Date _____ Signature of Applicant

FW-30 IMPORTANT—Please Answer Every Question

Make all checks or money orders payable to:

National Prudential Life Insurance Company

National Prudential Life Insurance Company

A Legal Reserve Stock Company—1116 N.W. 51st—Oklahoma City 18, Okla.