

HAVE YOU BEEN PRICED OUT OF THE HEALTH INSURANCE MARKET?

**HERE AT LAST IS A POLICY THAT SLASHES
THE COST OF HEALTH INSURANCE.
YOU PAY ONLY FOR ESSENTIAL PROTECTION**

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

COMPARE THESE FEATURES

- 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.

*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 _____
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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