

OREGON INDIVIDUAL (ACCIDENTAL DEATH AND DISMEMBERMENT)  
(ACCIDENT ONLY) (HOSPITAL INDEMNITY)  
INSURANCE POLICY DISCLOSURE STATEMENT

\_\_\_\_\_  
(Agent or insurance company representative)

\_\_\_\_\_  
(Address)

Completed this questionnaire on \_\_\_\_\_

describing \_\_\_\_\_  
(Policy name, form number)

an individual insurance policy providing coverage for \_\_\_\_\_  
\_\_\_\_\_

This policy is underwritten by

\_\_\_\_\_  
(Insurance company or health care service contractor)

\_\_\_\_\_  
(Address)

## NOTICE

This disclosure statement highlights some of the important issues that often affect consumers. It is intended for your use whether you are purchasing (accidental death and dismemberment insurance) (accident only insurance) (hospital indemnity insurance) for the first time or whether you are replacing or adding to your existing coverage.

**Are You Considering Replacing Your Current Coverage?** Before you replace your current policy with another, you should review both policies in order to determine whether replacement is in your best interests. The new coverage may be different in important respects. You should be aware of these differences, whether they are temporary or permanent. If you obtained your current policy from another agent or a representative of another company, be sure to ask that agent or representative any questions you may have about that policy.

**Are You Considering Adding to Your Current Coverage?**

**Review Your Coverage.** Before you add new coverage to your current coverage, you should review both policies to ensure that you are not purchasing unnecessary coverage. If you obtained your current policy from another agent or a representative of another company, be sure to ask that agent or representative any questions you may have about that policy and the need for additional coverage.

**Which Coverage Will Pay?** If coverage under the offered policy duplicates coverage under your current policy, the offered policy will \_\_\_\_\_ will not pay if your current policy also pays. (NOTE: You should ask the agent or company representative who sold you your current policy whether your current policy will pay if the new policy pays.)

**Questions? Ask for Help.** If you have any questions that are not answered by this disclosure statement, be sure to ask your agent or insurer representative.

**Read Your Policy!** If you purchase the offered policy, read it carefully as soon as you receive it. Because it is an individual policy, you will have an opportunity to send it back and obtain a premium refund.

**Fill Out Your Application Carefully!** Be sure to fill out all portions of your application completely and truthfully. If misstatements are made or information requested about your health are omitted from the application, the insurer may void the policy or deny your claims. If your age is misstated, the amounts payable on claims may be reduced.

We hope this disclosure statement will help you with your insurance purchase. However, please remember that the statement is not intended to be a part of the policy and that only the language of the policy issued by the insurer is final and binding.