

# THE NEW 49'ERS, INC.

27 Davis Road ~ P.O. Box 47 ~ Happy Camp, CA. 96039 ~ (530)493-2012

[www.goldgold.com](http://www.goldgold.com) email: [new49ers@goldgold.com](mailto:new49ers@goldgold.com)

## MEDICAL INSURANCE VERIFICATION & APPLICATION

*Prior to doing any prospecting on property administered by The New 49'ers, members and guests are strongly encouraged to have your own accident insurance policy on file with the Club.*

### **Please fill out the information below for our files, or use it to order our group policy:**

My existing insurance company is: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Phone: \_\_\_\_\_

Our group insurance is great for those who do not have an insurance policy to cover you in case of a minor accident. All members are eligible to receive our low-cost group accident plan.

Our plan covers an individual for \$15,000 in accident insurance, including dental, during any mining venture on New 49'ers properties. It covers bodily injury caused by an accident and resulting directly and independently of any other cause. It is a supplemental policy, meaning if you have some other form of insurance, this policy only covers you when the other runs out. It is also a \$2,500 life insurance/dismemberment policy if your death or dismemberment is the result of a mining accident.

The policy costs \$30 per person, per year---at this time. This covers from October 4<sup>th</sup>, 2023 through October 3<sup>rd</sup>, 2024. There is no rebate if you purchase the policy later in the year; the fee is still the same.

With insurance companies, you never know when rates are going to be increased; so we suggest you obtain your policy as soon as possible by sending your check.

### \_\_\_\_ **Please sign me up on your group policy for \$30 per person for the policy.**

Name(s): \_\_\_\_\_ DOB(s) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

In case of my accidental death during a mining venture, my beneficiary is:

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

*I understand and agree that this policy remains active and valid only as long as my membership in The New 49'ers remains active and in good standing.*

Signature \_\_\_\_\_ Date: \_\_\_\_\_