

Application is hereby made for the Group Insurance Benefits set forth below insuring the eligible employees of the Employer, and if this application is accepted by the Company, the policy is to be issued to the Policyholder named below in accordance with the following information:

FULL LEGAL NAME OF APPLICANT (As it should appear in policy) \_\_\_\_\_ Tax ID # \_\_\_\_\_

GROUP NO \_\_\_\_\_  NEW CASE OR  REVISION

MAIN ADDRESS \_\_\_\_\_

NATURE OF BUSINESS \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_

APPLICANT IS A:  Corporation  Partnership  Proprietorship  Other \_\_\_\_\_

Name of  SUBSIDIARIES OR  AFFILIATES to be covered: \_\_\_\_\_

\_\_\_\_\_  
Name Address Industry

EFFECTIVE DATE—The coverage is to become effective on \_\_\_\_\_ except that, if employees contribute to the cost, the policy shall not become effective until at least 75% of the eligible employees have enrolled.

ELIGIBILITY WAITING PERIOD for New Hires: \_\_\_\_\_

Waive Eligibility Waiting Period for all employees employed as of the effective date of plan:  Yes  No

Class(es) of employees to be excluded from coverage: \_\_\_\_\_

Full-time employees are ones who work at least \_\_\_\_\_ hours per week (30 if not specified). **Employees not actively at work on policy effective date due to sickness or leave of absence will not be covered until such employee returns to active work on full time.** If less than 30 hours, approval is required by the life insurance carrier.

**CLASSIFICATION AND SCHEDULE OF BENEFITS**

(If space inadequate, attach additional page)

**AMOUNTS OF INSURANCE**

CLASS	Basic		Supplemental		WEEKLY DISABILITY	DEPENDENT LIFE	
	LIFE	AD&D	LIFE	AD&D		SPOUSE	CHILD
1. _____	_____	_____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____	_____	_____	_____

PERCENTAGE OF EMPLOYER CONTRIBUTION \_\_\_\_\_ % \_\_\_\_\_ % \_\_\_\_\_ % \_\_\_\_\_ % \_\_\_\_\_ % \_\_\_\_\_ %

Does any class have a percentage of employer contribution different from the above?  YES  NO

If yes, explain: \_\_\_\_\_

Amounts of Life Insurance in excess of \_\_\_\_\_ subject to Evidence of Insurability.

SPECIFICATIONS FOR INSURANCE

BASIC LIFE BENEFITS REDUCE \_\_\_\_\_% at age \_\_\_\_\_ AND \_\_\_\_\_% at \_\_\_\_\_ and terminate at \_\_\_\_\_.

Does this benefit terminate at retirement?  Yes  No

AD&D BENEFITS REDUCE \_\_\_\_\_% at age \_\_\_\_\_ AND \_\_\_\_\_% at \_\_\_\_\_ and terminate at \_\_\_\_\_.

Does this benefit terminate at retirement?  Yes  No

SUPPLEMENTAL LIFE AND AD&D BENEFITS REDUCE \_\_\_\_\_% at age \_\_\_\_\_ AND \_\_\_\_\_% at \_\_\_\_\_ and terminate at age 70 or retirement, whichever is earlier.

WEEKLY INCOME BENEFITS: Benefits are payable for \_\_\_\_\_ day accident, \_\_\_\_\_ day sickness for \_\_\_\_\_ weeks.

WEEKLY INCOME BENEFITS TERMINATE AT AGE 75 OR AGE \_\_\_\_\_ OR RETIREMENT, WHICHEVER IS EARLIER.

DEPENDENT LIFE:  Yes  No Children to Age \_\_\_\_\_. To Age \_\_\_\_\_ If Attending An Accredited High School or College.

DEPENDENT LIFE BENEFITS TERMINATE AT AGE 75 OR RETIREMENT, WHICHEVER IS EARLIER.

THE INSURANCE APPLIED FOR is not in addition to, nor is it to replace, any such insurance now or previously in force within the past year in another company covering employees eligible for this insurance, except as follows:

NAME OF PREVIOUS INSURANCE COMPANY \_\_\_\_\_

DATE TO WHICH PREMIUMS PAID \_\_\_\_\_

IT IS UNDERSTOOD AND AGREED that the policy, if issued, shall include the premium rates and administrative provisions applicable to the insurance: that such premium rates and administrative provisions shall be binding upon the Applicant and the Company, subject to all of the provisions of the policy.

I UNDERSTAND THAT GIS is paid a commission and/or other fee by the carriers that it represents for placing/encouraging the Group's coverage. For more information, I will contact GIS.

INSURANCE FRAUD WARNING – It is or may be a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company or other person. Penalties may include imprisonment, fines, and denial of insurance benefits in accordance with applicable state law.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ Month \_\_\_\_\_ Year

Soliciting Agent \_\_\_\_\_ Applicant \_\_\_\_\_

Supervisor \_\_\_\_\_ By \_\_\_\_\_

Title \_\_\_\_\_

REPRESENTATIVE'S REPORT

Have you explained to the Employer that an employee not actively at work due to reason other than vacation on the policy effective date will not be covered until such employee returns to active work of full time?  Yes  No

Have you explained that no employees working less than 30 hours per week are not full time and will not be eligible for coverage?  Yes  No

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ Month \_\_\_\_\_ Year

Soliciting Agent \_\_\_\_\_