

Group Application

<p>1a. Name of Group Applicant _____</p> <p>1b. Street Address _____ City _____ State _____ Zip _____</p> <p>1c. Phone Number (____) _____</p> <p>1d. Details of any subsidiaries or affiliates to be insured. _____ _____</p> <p>5. Percent of premium paid by employer For employees: _____ % For dependents: _____ %</p> <p>8. Waiting Period Current employees: _____ New employees: _____</p> <p>10. Total number eligible _____</p>	<p>2. Nature of Business _____</p> <p>3a. Type of Business <input type="checkbox"/> C Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> S Corporation <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Other: type _____</p> <p>3b. Employer's I.D. No. _____</p> <p>4. Name and Title of Employer Contact _____</p> <p>6. Amount of premium submitted \$ _____</p> <p>7. Requested effective date of insurance _____</p> <p>9. Definition of eligible employees, (include hrs. per wk. For full time status): _____ _____</p>
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NOTE: There is an "actively at work" requirement for coverage to be in force. Employees not able to work or dependents not able to perform the normal activities for their age will not be insured until this requirement is satisfied

11. Does this insurance replace existing insurance with any company? Yes No Termination Date _____
 If yes, give details of coverage to be terminated: Company _____ Policy No. _____

LIFE COVERAGE

(Check coverage desired)

<input type="checkbox"/> Life insurance (Includes Premium Waiver Rider) <input type="checkbox"/> Accidental Death & Dismemberment (Employees Only) <input type="checkbox"/> Dependent Life Spouse Amount: _____ Children Amount: _____ <input type="checkbox"/> Critical Illness Rider \$ _____ Amount or _____ %	<input type="checkbox"/> Supplemental AD&D Employee: _____ <input type="checkbox"/> Seat Belt Rider <input type="checkbox"/> Education Assistance Rider <input type="checkbox"/> Dependent Rider <input type="checkbox"/> Hospital Confinement Rider <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____
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Class Description	Scheduled Amount	Reduction Schedule
Class 1 _____	_____	Age _____ %
Class 2 _____	_____	_____ %
Class 3 _____	_____	_____ %
Class 4 _____	_____	_____ %
Class 5 _____	_____	_____ %

12. Special Requests: _____

Changes in coverage amounts are effective on the: Policy anniversary date First of the month following the change

The group insurance you are applying for will not be effective until Assurity Life Insurance Company determines that your group meets certain underwriting standards. You will be notified of your acceptance.

Signed at: _____ Date: _____ Signature (applicant): _____
 Witnessed by: _____ Applicant Title: _____
 Third Party Administrator: _____ Address: _____
 Agent Name and Number: _____
 Address: _____