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| Home Office Use Only |
| Group Number: 50020259 |
| SIC/NAICS Code:       |

 **Group Insurance Employer Application**

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| **Applicant Information (Please complete using dark ink)** |
| **Legal Name of Policyholder:**      | **Requested Effective Date:**      |
| Street Address City State Zip      |
| Years In Business       | Nature of Business      | Telephone Number      |
|  |
| Check one: [ ]  C Corporation [ ]  LLC [ ]  LLP [ ]  Subchapter S Corp. [ ]  Partnership  [ ]  Sole Proprietorship [ ]  Government Entity [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Application is being made for the following coverage(s): |
| **Basic****[x]** $20,000 Life/AD&DBasic Life Rate per $1,000 |   |
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| AGE | 5 – 9 employees | 10-24 employees | 25 – 49 employees | 50+ employees |
| 0 – 29 | 0.08 | 0.11 | 0.08 | 0.11 |
| 30 – 34 | 0.11 | 0.11 | 0.11 | 0.11 |
| 35 – 39 | 0.13 | 0.13 | 0.13 | 0.13 |
| 40 – 44 | 0.12 | 0.12 | 0.19 | 0.19 |
| 45 – 49 | 0.30 | 0.17 | 0.17 | 0.17 |
| 50 – 54 | 0.30 | 0.30 | 0.30 | 0.30 |
| 55 – 59 | 1.12 | 1.12 | 0.48 | 0.48 |
| 60 – 64 | 1.35 | 1.35 | 1.35 | 0.63 |
| 65 - 70 | 3.35 | 1.50 | 3.35 | 3.35 |
| 70+ | 6.66 | 6.66 | 6.66 | 3.35 |

Rates are determined by group size and age. |

I have read and understand this entire Application. The information provided is accurate to the best of my knowledge. I understand that the information on this Application and any other information I provide shall serve as the basis for the insurance to be issued, and that I have a duty to notify the Company of any changes. It is understood and agreed that no

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| Name and Title of Authorized Group Executive or Administrator (please print) | Initial Premium Payment $ \_\_\_\_\_\_\_(to be applied to initial premium payment)  |
| Signature of Group Executive or Administrator | Date |
| Insurance Producer      | Dated at (City, State)      |

Insurance shall be effective until approved by the Company at its home office.