

USable Life

P.O. Box 1650 · Little Rock, Arkansas 72203

GROUP INSURANCE APPLICATION (BASIC AND VOLUNTARY)

Type Or Print in Black Ink

1. Legal Name of Policyholder		Taxpayer ID#		Group #	
2. Mailing Address of Policyholder			City	State	Zip+4
3. Street Address of Policyholder (if different from above)			City	State	Zip+4
4. Name of CEO, President or Owner of Company				Telephone Number of Policyholder	
5. Name of Insurance Contact at Company		E-mail Address of Insurance Contact		Fax Number of Policyholder	
6. Name of Subsidiary or Affiliate Companies to be Covered				Billing Method <input type="checkbox"/> Online Bill <input type="checkbox"/> List Bill	
7. Nature of Business	Effective as of 12:01 a.m.	First Renewal Date	Number of Employees Eligible _____ Enrolled _____		
8. Do you have any employees located in states other than the policyholder's main address? If yes, please list states.				<input type="checkbox"/> Yes <input type="checkbox"/> No	
9a. Waiting Period: Premium Due Date following completion of _____ days		9b. Waiting Period applies to: <input type="checkbox"/> Future Employees Only <input type="checkbox"/> Present & Future Employees			
NOTE: For VIP and VLTD coverage, the waiting period will never be less than 30 days for present and future employees without prior approval from USABLE Life.		9c. Employer Contribution: Life and AD&D _____% Dep Life _____% STD _____% _____%			
10. Class Definitions for Basic Coverage(s): If more than one class, definitions must be specific.					
Class 1 _____					
Class 2 _____					
Class 3 _____					
Class 4 _____					
Employees working less than 30 hours per week are not eligible for coverage unless otherwise noted above and approval received.					
11. Selection of Coverage: Check all that apply and fill in all applicable blanks.					
Class	<input type="checkbox"/> Life Insurance Amount of Insurance	<input type="checkbox"/> AD&D Principal Sum	Supplemental <input type="checkbox"/> Life <input type="checkbox"/> AD&D Amount of Insurance	Short Term Disability <input type="checkbox"/> Salary Multiple <input type="checkbox"/> Flat Schedule Maximum Weekly Benefit*	
1	_____	_____	_____	_____	
2	_____	_____	_____	_____	
3	_____	_____	_____	_____	
4	_____	_____	_____	_____	
* Weekly STD benefit is subject to a maximum of : _____% of employee's basic weekly earnings.					
If the Life and AD&D benefit is a multiple of salary amount should be rounded to: <input type="checkbox"/> the next higher <input type="checkbox"/> the next lower <input type="checkbox"/> the nearest Multiple of \$ _____, if not already a multiple. Not to exceed a maximum of \$ _____.					
12. Guaranteed Issue		Changes in benefit amounts in accordance with the Schedule shown above will become effective on the first day of the policy month following the date of change.			
(Life and AD&D amounts over Guaranteed Issue are subject to evidence of insurability.)					
13. Dependent Life Insurance (Benefit amounts are limited in some states)					
<input type="checkbox"/> Yes <input type="checkbox"/> No Spouse \$ _____					
Children: (select one age range) <input type="checkbox"/> from birth to 6 months <input type="checkbox"/> from 15 days to 6 months \$ _____ (select one age range) <input type="checkbox"/> 6 months to 19 years* <input type="checkbox"/> 6 months to age _____* \$ _____					
*To age _____ if full-time student.					

Page 2 of Application

Legal Name of Policyholder _____ Taxpayer ID# _____

14. Reductions & Termination (Benefit reduction due to age will be effective on the insured's birthday.)
 Employee Life and AD&D benefits reduce by the following percent or to the amount shown and terminate at retirement unless an earlier termination age is shown.
 at age 65: _____ at age 70: _____ at age 75: _____ at age 80: _____ Terminates at: _____
 Other: _____

15. Short Term Disability (non-occupational) (Not Available in some states)
 Yes No
 Accident Benefits: Begin _____ Day
 Sickness Benefits: Begin _____ Day
 Maximum Period: _____ Weeks

16. Voluntary Group Term Life
 Yes No Standard OR Select
 Guaranteed Issue: No Yes \$ _____
 # Enrolled _____ If Yes, required employee participation _____ %
 Portability Provision

17. Voluntary Accidental Death & Dismemberment
 Yes No # Enrolled _____

18. Voluntary STD Income Protection Weekly Benefit (VIP): Selected by employee in \$10 increments from \$100 to \$750.
 (non-occupational) Yes No
 Benefit Plan: (select one) 1-8-13 1-8-26 1-8-52
 15-15-13 15-15-26 15-15-52
 Industry Class: _____ # Enrolled: _____
 Employer Contribution _____
 a. Reductions & Termination (Benefit reduction due to age will be effective on the anniversary following the insured's birthday). Benefits reduce 33 1/3% at age 65, and terminate at age 70 or upon retirement, whichever occurs first.
 b. Do you currently have an employer-paid disability income plan? Yes No
 c. Do you want Continuity of Coverage? Yes No Prior Carrier _____ Date Terminated _____
 If yes, copy of prior plan required for claims administration.
 d. Are premiums sheltered under a Section 125 Cafeteria plan? Yes No

19. Voluntary Long Term Disability (VLTD) Employer Contribution: _____ # Enrolled: _____
 Yes No
 Industry Class: _____
 Elimination Period: 90 Days 180 Days
 Maximum Benefit Period: 5 years Accident/2 years Sickness
 5 years Sickness or Accident
 Age 65 Sickness or Accident
 a. Amount of Insurance: Selected by the employee in increments of \$100 not to exceed 60% of monthly salary.
 b. Pre-existing Conditions Exclusions/Limitations: 12/6/24 (unless state law requires otherwise)
 c. The Minimum Monthly Benefit is \$ 50.00 or 10% of the Monthly Disability Benefit, whichever is less.
 d. Policy Features include: • 24 Month Own Occupation • Three month Survivor Benefit • 24 Month Mental Illness, Alcohol & Drug Limitation
 • Progressive Partial Disability • Waiver of Premium • \$50,000 Human Organ Transplant • Primary and Family Social Security Integration
 e. Is this a replacement of similar coverage? Yes No
 If yes, Prior Carrier _____ Date Terminated _____
 Also if there was a prior carrier, a copy of prior plan is required for claims administration.
 f. Are premiums sheltered under a Section 125 Cafeteria plan? Yes No

REMARKS OR SPECIAL PROVISIONS

It is understood and agreed that this application shall be made a part of the policy or policies applied for and that no insurance shall be effective until approved by the Company at its Home Office.

COMPLIANCE NOTICE: USable Life does not provide legal or tax advice. Based upon information you have provided us about your group, we will notify you if we perceive any obvious deficiency in your plan, but you must consult your own legal counsel for definitive advice and opinions regarding your plan's compliance.

WARNING - It is or may be a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

_____ Dated at (City, State) _____ Date _____ Signature of Policyholder and Title _____

_____ Signature of Marketing Representative _____ Signature of Marketing Manager _____ Signature of Broker, if applicable _____