

APPLICATION FOR GROUP INSURANCE

MADE TO 5STAR LIFE INSURANCE COMPANY



Administrative Office: P.O. Box 83043, Lincoln, NE 68501 • 866-863-9753 • www.5starlifeinsurance.com

Application is made to 5Star Life Insurance Company (5Star Life) for Group Insurance.

1. Name of Group Applicant: _____
(Use exact legal name of organization)

2. Address: _____
(Number and Street) (City, State) (Zip Code)

3. Nature of Business: _____

4. Types of insurance desired:

Employee Benefits:

- Basic Life Insurance with AD&D
- Premium Waiver Benefit
- Optional Life
- Voluntary Life with Voluntary AD&D
- Other: _____

Dependent Benefits:

- Optional Life
- Voluntary Life with Voluntary AD&D
- Other: _____

5. Requested Effective Date: _____

6. Other Insurance: Do you intend to replace any existing life insurance contracts? Yes No

7. Fraud Statement: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony in the third degree.

8. Agent Certification: I certify that I have asked all the questions and had the Applicant sign in my presence. To my knowledge, the Applicant is is not replacing existing coverage.

9. The writing agent on the insurance applied for is:

Agent's Signature

Agent's Name (printed, typed or stamped)

(The agent must be duly licensed as required by law.)

(Florida License ID number)

10. Signature of Group Applicant: _____

Name (Please print): _____

Date: _____
(on or before Effective Date)

Title: _____

Licensed Agent or Witness: _____
(Signature)

Signed at: _____
(City, State)

(Please print Name)

Underwritten by 5Star Life Insurance Company (a Lincoln, Nebraska company)