

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

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

7. 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)

NOTE: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

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