

# 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 authorized representative on the insurance applied for is:**

\_\_\_\_\_  
\_\_\_\_\_

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

**7. Signature of Group Applicant:** \_\_\_\_\_

Name (Please print): \_\_\_\_\_ Date: \_\_\_\_\_  
(on or before Effective Date)

Title: \_\_\_\_\_ Licensed Authorized Representative  
or Witness: \_\_\_\_\_  
(Signature)

Signed at: \_\_\_\_\_  
(City, State) (Please print Name)

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