

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): _____

Title: _____

Signed at: _____
(City, State)

Date: _____
(on or before Effective Date)

Licensed Agent or Witness: _____
(Signature)

(Please print Name)

NOTE: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

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