

APPLICATION FOR GROUP INSURANCE MADE TO 5STAR LIFE INSURANCE COMPANY



P.O. Box 83043, Lincoln, NE 68501-3043 ▪ 1-866-863-9753 ▪ www.5starlifeinsurance.com

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

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

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

List every state in which any employee (or member) resides: _____

Types of insurance desired:

- Basic Life Insurance
- Basic Group AD&D
- Voluntary Group Life Insurance
- Voluntary Group AD&D
- Group Critical Illness
- Other: _____

This insurance is to become effective on this _____ day of _____, 20____ only if:

- The first month's premium is paid in full and
- 5Star Life accepts this application.

The writing agent on the insurance applied for is:

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

Group Applicant

Date

By

Title

Signed at (City, State)

Witness

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