

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

Note: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent act, which is a crime.

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