

Application for Group Insurance

Made to 5Star Life Insurance Company



Admin. Office: P.O. Box 83043, Lincoln, NE 68501-3043 • 1-866-863-9753

Application is made to 5Star Life Insurance Company (5Star Life) for the insurance coverage(s) indicated below. This Application must be accepted and approved by 5Star Life prior to any Contract being in effect.

Employer Information

Full Legal Name of Group Employer: _____

Key Group Contact: _____ SIC Code: _____

Phone Number: _____ Fax Number: _____ E-Mail Address: _____

Address: _____

City/State/Zip Code: _____ Situs State: _____

Coverage Information

Proposed Effective Date: _____

Contributory Coverage Percentage (employee paid): _____ Noncontributory Percentage (Policyholder paid): _____

Number of full-time and part-time employees: _____ Number of full-time employees: _____

Total Eligible employees: _____ Number of employees in their waiting period: _____

Minimum number of hours worked per week to be eligible employee (cannot be less than 16 hours per week): _____

Waiting period for eligible employees: **CHOOSE ONE** of the following:

Coverage begins on the first day of the month following _____ days of continuous employment, or

Eligibility begins immediately, following _____ days of continuous employment

Class 1 Type of Coverage Applied for:

- Family Protection Plan* Group Critical Illness* Group Life and AD&D*
 Group Voluntary Term Life With ADD Basic Group Term Life With ADD

If you chose the Family Protection Plan above, please select any of it's Optional Riders:

- Children's Term Quality of Life Accelerated Death Benefit: 3% 4%
 Disability Waiver of Premium Accelerated Death Benefit for Terminal Illness

Class 2 Type of Coverage Applied for:

- Family Protection Plan* Group Critical Illness* Group Life and AD&D*
 Group Voluntary Term Life With ADD Basic Group Term Life With ADD

If you chose the Family Protection Plan above, please select any of it's Optional Riders:

- Children's Term Quality of Life Accelerated Death Benefit: 3% 4%
 Disability Waiver of Premium Accelerated Death Benefit for Terminal Illness

Class 3 Type of Coverage Applied for:

- Family Protection Plan* Group Critical Illness* Group Life and AD&D*
 Group Voluntary Term Life With ADD Basic Group Term Life With ADD

If you chose the Family Protection Plan above, please select any of it's Optional Riders:

- Children's Term Quality of Life Accelerated Death Benefit: 3% 4%
 Disability Waiver of Premium Accelerated Death Benefit for Terminal Illness

NOTE: Any employees past their waiting period and eligible for coverage within 60 days of the group's effective date must submit a completed Statement of Insurability. The waiting period cannot exceed 180 days. If 60 or more days are chosen as the waiting period, coverage must begin immediately following the waiting period.

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Benefit Reduction Schedule: _____ Binder amount included with application: _____
Premium remittance frequency: Monthly Bi-Weekly Semi-Monthly Other _____
Bill type: Paper List Bill Self Administered

Agreement

The Policyholder agrees to accept the terms and provisions of the group policy, including its exhibits, riders, endorsements or amendments, if any.

General Conditions

In making this Application, the Employer represents that such information accurately reflects the true facts and that the undersigned has authority to bind the Employer to the proposed Contract. Accordingly, this request will be part of the Contract if accepted by 5Star Life.

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Dated at _____ this _____ day of _____, 20 _____

Group Employer _____

Type or Print

Authorized Officer/Partner _____ Title _____

Tax ID# _____ Witness _____

The Writing agent on the insurance applied for is (the agent must be duly licensed as required by law):

Writing Agent or Broker (please print)

Writing Agent or Broker Signature

Signed at (City, State)

Date