USAble Life
P.O. Box 1650 · Little Rock, Arkansas 72203

GROUP INSURANCE APPLICATION (BASIC AND VOLUNTARY)

Type Or Print In Black Ink

1. Legal Name of Policyholder	Taxpayer ID#	Group #

2. Mailing Address of Policyholder	City	State	Zip+4
3. Street Address of Policyholder (if different from above)	City	State	Zip+4

4. Name of CEO, President or Owner of Company	Telephone Number of Policyholder

5. Name of Insurance Contact at Company	E-mail Address of Insurance Contact	Fax Number of Policyholder

6. Name of Subsidiary or Affiliate Companies to be Covered	Billing Method Online Bill List Bill

7. Nature of Business	Effective as of 12:01 a.m.	First Renewal Date	Number of Employees Eligible ____________ Enrolled __________

8. Do you have any employees located in states other than the policyholder's main address? Yes No
If yes, please list states.

9a. Waiting Period:

Premium Due Date following completion of _______ days
Day following completion of ___________________ days

NOTE: For VIP and VLTD coverage, the waiting period will never be less than 30 days for present and future employees without prior approval from USAble Life.

9b. Waiting Period applies to:

Future Employees Only
Present & Future Employees

9c. Employer Contribution:

Life and AD&D	_______%	Dep Life	_______%
Hosp. Indemnity	_______%	STD	_______%
______________	_______%	______________	_______%

10. Class Definitions for Basic Coverage(s): If more than one class, definitions must be specific.

Class 1 ______________________________
Class 2 ______________________________
Class 3 ______________________________
Class 4 ______________________________

Employees working less than 30 hours per week are not eligible for coverage unless otherwise noted above and approval received.

11. Selection of Coverage: Check all that apply and fill in all applicable blanks.

Class	Life Insurance Amount of Insurance	AD&D Principal Sum	Supplemental Life AD&D Amount of Insurance	Short Term Disability Salary Multiple Flat Schedule Maximum Weekly Benefit*
1				
2				
3				
4				

* Weekly STD benefit is subject to a maximum of : _________% of employee's basic weekly earnings.

If the Life and AD&D benefit is a multiple of salary amount should be rounded to:

the next higher the next lower the nearest Multiple of $_______________, if not already a multiple.

Not to exceed a maximum of $____________.

12. Guaranteed Issue

(Life and AD&D amounts over Guaranteed Issue are subject to evidence of insurability.)

Changes in benefit amounts in accordance with the Schedule shown above will become effective on:
- the first day of the policy month following the date of change; or
- the policy anniversary date coincident with or next following the date of change; or
- on the date of change; or
- other (give details):

13. Dependent Life Insurance (Benefit amounts are limited in some states)

Yes No Spouse $ _____________

Children: (select one age range) from birth to 6 months from 15 days to 6 months $ _____________
(select one age range) 6 months to 19 years* 6 months to age _______* $ _____________

*To age __________ if full-time student.

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14. Reductions & Termination *(Benefit reduction due to age will be effective on the insured's birthday.)*
Employee Life and AD&D benefits reduce by the following percent or to the amount shown and terminate at retirement unless an earlier termination age is shown.
at age 65: ________ at age 70: ________ at age 75: ________ at age 80: _________ Terminates at: _________
Dependent Life benefits reduce 50% at the spouse's age 65. Terminate at the employee's retirement.
Other:

15. Short Term Disability (non-occupational)
(Not Available in some states) Accident Benefits Sickness Benefits Maximum Period
Yes No Begin _________ Day Begin _________ Day _________ Weeks

16. Hospital Indemnity Benefit
(Not Available in some states) Units Available: 1 unit only or 1 or 2 unit(s) as elected by employee
Yes No Dependent Coverage Available: Yes No Employer Contribution: ____________

17. Voluntary Group Term Life
Yes No Standard OR Select Guaranteed Issue: No Yes $____________
Enrolled _______________ If Yes, required employee participation ___________%
Portability Provision

18. Voluntary Accidental Death & Dismemberment
Yes No # Enrolled______________

19. Voluntary STD Income Protection Weekly Benefit (VIP): Selected by employee in $10 increments from $100 to $750.
(non-occupational) Benefit Plan: (select one) Industry Class: _________ # Enrolled: ___________
Yes No 1-8-13 1-8-26 1-8-52 Employer Contribution ___________
15-15-13 15-15-26 15-15-52

a. Reductions & Termination (Benefit reduction due to age will be effective on the anniversary following the insured's birthday). Benefits reduce 33 1/3% at age 65, and terminate at age 70 or upon retirement, whichever occurs first.
b. Do you currently have an employer-paid disability income plan? Yes No
c. Do you want Continuity of Coverage? Yes No Prior Carrier____________________________ Date Terminated ___________
If yes, copy of prior plan required for claims administration.
d. Are premiums sheltered under a Section 125 Cafeteria plan? Yes No

20. Voluntary Long Term Disability (VLTD) Employer Contribution: _________ # Enrolled: _____________
Yes No Industry Class: ___________
Elimination Period: 90 Days 180 Days
Maximum Benefit Period: 5 years Accident/2 years Sickness
5 years Sickness or Accident
Age 65 Sickness or Accident

a. Amount of Insurance: Selected by the employee in increments of $100 not to exceed 60% of monthly salary.
b. Pre-existing Conditions Exclusions/Limitations: 12/6/24 (unless state law requires otherwise)
c. The Minimum Monthly Benefit is $ 50.00 or 10% of the Monthly Disability Benefit, whichever is less.
d. Policy Features include: • 24 Month Own Occupation • Three month Survivor Benefit • 24 Month Mental Illness, Alcohol & Drug Limitation • Progressive Partial Disability • Waiver of Premium • $50,000 Human Organ Transplant • Primary and Family Social Security Integration
e. Is this a replacement of similar coverage? Yes No
If yes, Prior Carrier____ Date Terminated ________________
Also if there was a prior carrier, a copy of prior plan **is required** for claims administration.
f. Are premiums sheltered under a Section 125 Cafeteria plan? Yes No

REMARKS OR SPECIAL PROVISIONS

It is understood and agreed that this application shall be made a part of the policy or policies applied for and that no insurance shall be effective until approved by the Company at its Home Office.

COMPLIANCE NOTICE: USAble Life does not provide legal or tax advice. Based upon information you have provided us about your group, we will notify you if we perceive any obvious deficiency in your plan, but you must consult your own legal counsel for definitive advice and opinions regarding your plan's compliance.

WARNING - It is or may be a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Dated at (City, State) | Date | Signature of Policyholder and Title

Signature of Marketing Representative | Signature of Marketing Manager | Signature of Broker, if applicable