

Guaranteed Issue Community Rated Life & AD&D Insurance NEW YORK & NEW JERSEY 3-99 Lives

EMPLOYER APPLICATION

Company Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Contact Person _____
 Phone _____ Fax _____

Select Either Plan A, B, C or D Participation Requirement 100%

Select Plan	Eligibility	Plan	Life & AD&D Options	*Monthly Premium Per Employee	Number Of Employees	Monthly Premium
<input type="checkbox"/>	3+ Lives	A	\$10,000	\$3.30 X	=	\$
<input type="checkbox"/>	3+ Lives	B	\$15,000	\$4.95 X	=	\$
<input type="checkbox"/>	10+ Lives	C	\$20,000	\$6.60 X	=	\$
<input type="checkbox"/>	10+ Lives	D	\$25,000	\$8.25 X	=	\$

*Amalgamated Monthly Premium Is Equivalent to .33¢ Per \$1,000 for Comparison Purposes.

Effective Date Of Coverage: _____

Benefit Cut Back: 35% at Age 65 ; 50% Of Original Benefit Amount At Age 70.
 AD&D Benefit Terminates at Age 70.

Premium Payment Options: Monthly Quarterly Semi-Annual Annually

Insurance Benefits Provided by Amalgamated Life – A.M. Best Rating A.

New Enrollment Checklist:

- Employer Application.
- Life Insurance Trust Participation Agreement.
- Employee Census Form.
- Deposit Check for Mode of Payment Selected Made Payable to thebenefitsweb.com
(Billing Provided By thebenefitsweb.com)

Employer Signature _____ Title _____ Date _____

Broker Information

Broker Of Record _____
 Broker Name _____
 Company Name _____
 Address _____
 City _____ State _____ Zip Code _____