



Request For Group Basic Life Insurance with AD&D Coverage

Company Name: _____

Policy Number: _____

BASIC LIFE BENEFITS		
Coverage Effective Date:	Rate Guarantee: <input type="checkbox"/> 12 months <input type="checkbox"/> 24 months <input type="checkbox"/> 36 months	
Eligibility: PLEASE TYPE EXACTLY AS IT SHOULD APPEAR IN THE CONTRACT (Ex. All Active Full-Time Employees)		
Class 1		
Class 2		
Definition of Full-time Employment: Minimum number of hours for full-time eligibility _____ hrs/ week	Number of Eligible Employees:	Number of Employee Enrolled:
Service Waiting Period for Employees: (Applicable to employees who have not satisfied the Service Waiting Period on or before the policy effective date) _____ <input type="checkbox"/> Days <input type="checkbox"/> Weeks <input type="checkbox"/> Months <input type="checkbox"/> No Waiting Period <i>Coverage begins:</i> <input type="checkbox"/> 1st of the month following completion of waiting period <input type="checkbox"/> Immediately upon completion of waiting period <input type="checkbox"/> Other: _____		
Earnings Definition: <input type="checkbox"/> Salary Only <input type="checkbox"/> Salary and Commissions** <input type="checkbox"/> Salary and Bonuses** <input type="checkbox"/> Salary, Commissions & Bonuses** <input type="checkbox"/> W-2 <input type="checkbox"/> K-1 **Commissions or bonuses averaged over: <input type="checkbox"/> 12 months <input type="checkbox"/> 24 months		
FMLA (Family Medical Leave Act): Include FMLA information in your policy? <input type="checkbox"/> yes <input type="checkbox"/> no		
Employer Contribution: Basic Life _____% AD&D _____% Dependent _____%		
Basic Life Benefit Amount:	Basic Dependent Benefit Amount:	
Class 1:	Spouse:	
Class 2:	Child:	
Basic AD&D Benefit Amount:		
Class 1:	Class 2:	
Maximum Issue Limits: Basic Life \$ _____ AD&D \$ _____ Spouse Life \$ _____ Child Life \$ _____		
Guarantee Issue Limit: Basic Life \$ _____ Spouse Life \$ _____ Child Life \$ _____		
Basic Life Quoted Rate: \$ _____ per \$1,000	AD&D Quoted Rate: \$ _____ per \$1,000	Dependent Quoted Rate: \$ _____ <input type="checkbox"/> per dependent unit <input type="checkbox"/> per \$1,000
* Important Note: Quoted Rate(s) may be impacted based on final census rating or optional benefits chosen.		
ADEA Reduction Schedule: <input type="checkbox"/> 35% at age 65 and 50% at age 70 <input type="checkbox"/> 50% at age 70 <input type="checkbox"/> Other		
Accelerated Death Benefit (Employee Only): <input type="checkbox"/> yes <input type="checkbox"/> no Life Expectancy: <input type="checkbox"/> 6 months <input type="checkbox"/> 12 months Benefit Percentage: <input type="checkbox"/> 50% <input type="checkbox"/> 70% Maximum Benefit Amount: <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$150,000 <input type="checkbox"/> \$200,000 <input type="checkbox"/> \$250,000		
Prior Carrier Information (if applicable): <input type="checkbox"/> No Prior Coverage (A copy of prior plan certificate must accompany the Request for Insurance)		
Name of Prior Carrier	Policy Termination Date	How long was the coverage in force?



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Additional Life and AD&D Benefits

The following are Additional Life and AD&D benefits that may be added to your policy. Addition of these benefits may increase your final rates. Please contact your local sales office representative for additional explanation of these benefits.

Additional Life Benefits
Employee Assistance Program: Would you like to include the Employee Assistance Program (EAP) in your policy? <input type="checkbox"/> Yes <input type="checkbox"/> No Important Note: There is a \$.73 per employee per month charge for this service. This charge is in addition to the insurance premium.
Disability Benefit: (choose one: Waiver of Premium, Continuation of Insurance or Extended Death Benefit) <input type="checkbox"/> No Waiver of Premium <input type="checkbox"/> Waiver of Premium – premium waived to age 65 (standard) <input type="checkbox"/> Continuation of Insurance – employer pays employee's premium during total disability Definition of Disability: (applicable to Waiver of Premium or Continuation of Insurance only) Elimination period: <input type="checkbox"/> 3 months, <input type="checkbox"/> 6 months, <input type="checkbox"/> 9 months (standard), or <input type="checkbox"/> 12 months Definition of Total Disability: <input type="checkbox"/> Any Occupation <input type="checkbox"/> 24 month Own Occupation, Any Occupation Thereafter
<input type="checkbox"/> Extended Death Benefit – premium waived for 12 months Elimination period - <input type="checkbox"/> 3 months (standard) or <input type="checkbox"/> other _____ Definition of Total Disability - <input type="checkbox"/> Any Occupation <input type="checkbox"/> 24 month Own Occupation, Any Occupation Thereafter
Life Education Benefit: <input type="checkbox"/> yes <input type="checkbox"/> no Payment percentage: <input type="checkbox"/> 2% (standard) <input type="checkbox"/> 5% <input type="checkbox"/> 10% Up to four (4) annual payments for each qualifying dependent of a deceased employee.

Additional AD&D Benefits
Felonious Assault: (24-hour) <input type="checkbox"/> yes <input type="checkbox"/> no Additional benefit payment if employee's death is a result of a Criminal Act of Violence.
Felonious Assault: (while on Holder's business) <input type="checkbox"/> yes <input type="checkbox"/> no Additional benefit payment if employee's death is a result of a Criminal Act of Violence while on the premises of the Holder or on a business trip made on behalf of the Holder.
AD&D Education Benefit: <input type="checkbox"/> yes <input type="checkbox"/> no Payment percentage: <input type="checkbox"/> 2% (standard) <input type="checkbox"/> 5% <input type="checkbox"/> 10% Up to four (4) annual payments for each qualifying dependent of a deceased employee.
<input checked="" type="checkbox"/> Repatriation of Remains Benefit: (automatically included as a standard benefit)
<input checked="" type="checkbox"/> Seatbelt/Airbag Benefit: (automatically included as a standard benefit)