

**THE FIRST REHABILITATION LIFE INSURANCE COMPANY OF AMERICA
600 Northern Blvd., Great Neck, New York 11021**

GROUP MEDICAL REIMBURSEMENT POLICY ENROLLMENT FORM

1. Employee's Name _____

2. Home Address _____

3. Title _____ 4. Date of Birth _____ 5. S.S. # _____

6. Sex _____ 7. Marital Status: Single ___ Married ___ Divorced ___ Widowed

8. Amount of Coverage Requested \times _____

9. Name of Employer _____

10. Do you wish to insure your dependents? Yes _____ No _____

First Name

Date of Birth

Relationship

11. Effective Date of Coverage _____/____/_____

12. Date of Application _____/____/_____

Signature of Applicant _____

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.