

Please type or print

REQUESTED EFFECTIVE DATE _____

APPLICANT

Full Legal Name of Group (Exactly as it is to be shown in the policy.) _____

Street Address _____

City _____ State _____ Zip Code _____

Phone Number (_____) _____ FAX Number (_____) _____

Group Contact _____ Contact's Title _____

Contact's Phone No. if different (_____) _____ Contact's FAX No. if different (_____) _____

Nature of Business _____

INSURANCE COVERAGE REQUESTED

- | | | | | |
|---|--|--|---|--------------------------------|
| <input type="checkbox"/> Life Only | <input type="checkbox"/> Supplemental Life | <input type="checkbox"/> Dental/Employees | <input type="checkbox"/> LTD | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Life & AD&D | <input type="checkbox"/> Additional Life | <input type="checkbox"/> Dental/Employees and Dep(s) | <input type="checkbox"/> STD | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Dependent Life | <input type="checkbox"/> Stand Alone AD&D | <input type="checkbox"/> Dental/Orthodontia | <input type="checkbox"/> LTD with Transitional Duty Agreement | |

OTHER INSURANCE

A. Does this insurance supplement other insurance? Yes No
If yes, specify for each line of coverage and Insurance Carrier: _____

B. Does this insurance replace existing insurance? Yes No
If yes, specify for each existing line of coverage: _____

- Please submit a copy of each in force policy, certificate or plan document.

Effective date of Prior Plan: _____ Termination date of Prior Plan: _____

ACTIVE WORK REQUIREMENT: A person must meet an Active Work requirement to become insured. Will all proposed insureds meet the Active Work requirement? Yes No (Does not apply to Dental.)

APPLICANT AGREES THAT: I hereby apply for Group Insurance as provided in the attached proposal.

The above information is true and correct to the best of the Applicant's knowledge and belief. It forms the basis for this request for group insurance.

If the requested insurance is acceptable to Standard Insurance Company under its current rules and practices and is legally permissible, a Group Policy will be issued in the language customarily used by Standard. It will be effective on the date determined by Standard. No agent or broker has the authority to guarantee the acceptability of the requested insurance.

Standard may issue separate Group Policies if more than one coverage is requested in this Application. The insurance, if approved, will be subject to Standard Insurance Company's usual underwriting requirements, including the exclusions and limitations in the Group Policy and, if applicable, Evidence Of Insurability. The effective date of insurance for which a person is required to submit satisfactory Evidence Of Insurability will be determined in accordance with the terms of the Group Policy, subject to the Active Work requirement. No premiums will be collected or paid by the Applicant for such insurance until notification of approval.

No material describing coverage under the Group Policy will be distributed by the Applicant to any person to be insured without the prior written consent of Standard Insurance Company.

Premium rate quotations were based on data submitted to Standard. Final premium rates will be determined by the actual composition of the group.

The consideration for any Group Policy which may be issued is this Application and the payment of premiums. Payment of premium after receipt of the Group Policy is acceptance of the terms of the Group Policy.

This Application, including the attached proposal, is made a part of the Group Policy.

Signature and Title of Applicant's Authorized Representative

Signature of Witness

Signature of Licensed Agent (where required by law)

Date (Must be signed prior to the requested effective date.)

License #

Initial Deposit \$ _____

Received from _____, an initial deposit
of \$ _____* in connection with the Application for Group Insurance bearing the same date as this conditional receipt.

Date _____

This receipt is subject to the terms and conditions on the reverse side.

Received By

Name Title

*All premium checks must be made payable to Standard Insurance Company.
Do not make check payable to the agent or leave payee blank.

Terms of Receipt (Please read carefully.)

If the requested insurance is acceptable to Standard Insurance Company under its current rules and practices and is legally permissible, a Group Policy will be issued in the language customarily used by Standard. It will be effective on the date determined by Standard. No agent or broker has the authority to guarantee the acceptability of the requested insurance.

Standard may issue separate Group Policies if more than one coverage is requested in this Application. The insurance, if approved, will be subject to Standard Insurance Company's usual underwriting requirements, including the exclusions and limitations in the Group Policy and, if applicable, Evidence Of Insurability. The effective date of insurance for which a person is required to submit satisfactory Evidence Of Insurability will be determined in accordance with the terms of the Group Policy, subject to the Active Work requirement. No premiums will be collected or paid by the Applicant for such insurance until notification of approval.

No material describing coverage under the Group Policy will be distributed by the Applicant to any person to be insured without the prior written consent of Standard insurance Company

Premium rate quotations were based on data submitted to Standard. Final premium rates will be determined by the actual composition of the group.

The consideration for any Group Policy which may be issued is this Application and the payment of premiums. Payment of premium after receipt of the Group Policy is acceptance of the terms of the Group Policy.

This Application, including the attached proposal, is made a part of The Group Policy.