

GROUP ACCIDENT APPLICATION

1. POLICYHOLDER INFORMATION

Applicant/Policyholder (Full Legal Name) _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____ FAX Number _____

Type of business or organization: _____

2. Requested Effective Date: _____

3. Class of Eligible Persons: See Schedule of Benefits

4. Description of Hazards and Benefits: See Schedule of Benefits

Persons who qualify within the Plans and classes described below are eligible to be insured under the Policy.

The Applicant/Policyholder agrees to the following terms.

1. The Applicant will promptly furnish any records or other information necessary to insure the proper administration of the insurance plans to the Underwriting Company. The Applicant further agrees to allow the Underwriting Company or its Administrator to examine all records that pertain to the insurance plans.
2. The consideration for the requested insurance is the Underwriting Company's acceptance of this application and the Applicant's payment of the required premium when due. Payment of the required premium, if any, after delivery of the policy acts as acceptance of the terms and conditions of the policy.

The Applicant represents that the information provided to the Underwriting Company to determine the terms of the insurance applied for is true and correct and forms the basis of the requested insurance.

IMPORTANT NOTE: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

ACCEPTANCE:

(Signature and Title of Applicant's Authorized Representative) Date: _____

(City and State)

Accepted by: _____ Date: _____
(Signature and Title of Underwriting Insurance Company Representative)

FOR COMPANY USE ONLY:

SALES OFFICE: _____ **BROKER/AGENT:** _____