



# Nationwide Life Insurance Company

Home Office: One Nationwide Plaza, Columbus, Ohio 43216

## GROUP LIFE & LIMITED MEDICAL POLICYHOLDER APPLICATION

**Nationwide®**

Policyholder Name			Contact <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.		
Street Address			Address		
City	State	Zip	City	State	Zip
P.O. Box			Telephone		Fax Number
City	State	Zip	Email Address		
Policyholder Contribution: Employee _____%		Number of Eligible Employees _____ Total Number of Employees (including those not insured under this plan) _____		Industry & Standard Class Code (SIC)	Requested Effective Date
Dependent _____%					

Employees categorized by class of employment:  Yes  No  
 Section 125:  Yes  No  
 Waiting Period:  Yes  No No. of days \_\_\_\_\_

***(The following material may be copied to additional sheets if necessary to describe additional classes)***

Brief Description			
<b>Benefit (Basic)</b>			
Daily In-Hospital Indemnity			
Doctor's Office Benefit			
<b>Benefit (Optional)</b>			
Outpatient Diagnostic X-ray			
Outpatient Diagnostic Lab			
Outpatient Diagnostic Advanced Studies			
Preventive Care			
Hospital Admission			
Inpatient Miscellaneous			
Emergency Room Indemnity Benefit			
Accident Expense			
Daily Inpatient, Outpatient or Outpatient Minor Surgical Indemnity Benefit			
Anesthesia Benefit			
Daily Outpatient Surgical Facility			

Brief Description			
Ambulance			
Dental Care			
Vision Care			
Disability Income			
Life/AD&D Insurance			
Dependent Life Insurance Spouse/Child/Infant			
Critical Illness Benefit Employee/Spouse/Child			

**NOTE: This Policy is not intended to replace comprehensive major medical insurance.**

The Acceptance Letter will confirm your Policy selections.

**Payroll Cycle**    Monthly    Bi-Weekly    Semi-Monthly    Weekly    Three-Level    Hour Bank \_\_\_\_ Hours of Work Credit

**Rates**

Employee			
Employee Plus One			
Employee Plus Child(ren)			
Employee Plus Spouse			
Family			

**Optional Benefit Rates**

	Benefit Amount	Employee	Employee Plus Child(ren)	Employee Plus Spouse	Family

1. A deposit is herewith made to apply on the first payment under the Policy, if issued. The amount of such deposit is to be equal to the first premium payable based on the number of Covered Persons as of the Effective Date of coverage. The deposit of any Policy that we do not accept will be fully returned.
2. Payment of the first premium by the Policyholder after delivery of the Policy by us shall constitute acceptance of the terms and conditions contained in the Policy so issued.
3. It is understood and agreed that:
  - (a) all necessary administrative information concerning all Covered Persons shall be subject to the provisions of the Policy and shall be furnished to us by the Policyholder.
  - (b) this Application is subject to the approval of Nationwide Life Insurance Company at its Home Office and that nothing contained herein shall be binding upon said Company until this Application has been so approved.
  - (c) all benefits will be in accordance with the benefits proposed and agreed upon between Nationwide Life Insurance Company and the Policyholder as set forth in the Policy, subject to the Policyholder's approval.
  - (d) benefits are not provided unless otherwise provided in the Policy; (a) in case of bodily injury or sickness arising out of or in the course of any employment for wage or profit; or (b) for any bodily injury or sickness for which the person on whom the claim is presented has or had a right to compensation under Workers' Compensation or similar occupational disease law.

POLICYHOLDER (HEREIN REFERRED TO AS "WE") RESPONSIBILITIES UNDER THIS POLICY

We agree: (1) to maintain the records necessary to the administration of the Policies; (2) to report additions, changes, terminations and other information necessary to the administration of the Policies to the Insurer within 30 days after the Effective Date of such additions, changes and terminations; (3) that if we do not notify the Insurer of any insured ineligibility or termination within 30 days, we shall forfeit any premium refund/credit that would otherwise have been due; (4) to make all such records, including payroll records, tax returns, and personnel files and other documentation as determined by the Insurer available upon request to the Insurer or its authorized representative; (5) to notify the Insurer of claims within 20 days after they are incurred; (6) to pay all premiums in accordance with the terms of this Policy; and (7) to notify all Employees of any termination or rescission of coverage which affects them and refund the appropriate premium.

By the signature below of its duly authorized representative, the proposed Policyholder hereby applies for the Nationwide Life Insurance Company Policy or Policies of Group Life & Limited Benefit & Medical insurance; and the proposed Policyholder understands and agrees that it shall be subject to the provisions set forth herein.

This product is (a) not a substitute for minimum essential health coverage under the Affordable Care Act (ACA); and (b) does not qualify as minimum essential coverage under the ACA.

It is understood that all of the answers We have provided are representations and not warranties.

Dated at (State) \_\_\_\_\_ this \_\_\_\_\_, 20 \_\_\_\_\_

Witness \_\_\_\_\_

Policyholder \_\_\_\_\_

Signed By \_\_\_\_\_

Title \_\_\_\_\_

**FOR NATIONWIDE USE ONLY**

This Application has been approved by The Nationwide Life Insurance Company as of the date shown below.

Date:

By:

**AGENT'S STATEMENT**

I hereby certify that: (a) all information set forth above is correct to the best of my knowledge; (b) I have complied fully with the underwriting rules; (c) I have explained the proposed insurance Policy in detail; and (d) to the best of my knowledge the proposed Policyholder is financially sound.

I further certify that all agents involved in presentation of this account (a) are licensed by Nationwide Life Insurance Company or (b) have submitted the necessary paperwork to become a licensed agent with Nationwide Life Insurance Company.

**Servicing Agent:**

Name \_\_\_\_\_

Agency Name \_\_\_\_\_

Address \_\_\_\_\_

License No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Tax ID No. \_\_\_\_\_

Telephone No. \_\_\_\_\_

Fax No. \_\_\_\_\_

Email Address \_\_\_\_\_

Agent Signature \_\_\_\_\_

## **FRAUD STATEMENT APPLICABLE TO RESIDENTS OF:**

### **ALABAMA**

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

### **ARKANSAS**

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.

### **COLORADO**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

### **DISTRICT OF COLUMBIA**

**WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

### **KENTUCKY or PENNSYLVANIA**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

### **FLORIDA**

Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

### **LOUISIANA**

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.

### **MAINE**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

### **MARYLAND**

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

### **NEW JERSEY**

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

### **NEW YORK**

Any person who knowingly and with the 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 violation.

### **OHIO**

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

### **OKLAHOMA**

**Warning:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

### **OREGON**

Any person who knowingly and with the intent to defraud or solicit another to defraud an insurer: (1) by submitting an application; or (2) by filing a claim containing a false statement as to any material fact, may be violating state law.

### **PENNSYLVANIA**

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 subjects such person to criminal and civil penalties.

#### RHODE ISLAND

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.

#### TENNESSEE

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of coverage.

#### VIRGINIA

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

#### WASHINGTON

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

#### WEST VIRGINIA

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.