



PO Box 1650 | Little Rock | AR | 72203

INTERNAL USE ONLY	
POLICY NUMBER	_____
RECEIVED	_____
SPECIALIST	_____

GROUP APPLICATION FOR EMPLOYEE BENEFITS

Type or Print in Black Ink

REQUESTED EFFECTIVE DATE

GROUP APPLICATION FOR POLICY EFFECTIVE DATE* _____
**The effective date is subject to approval by US Able Life. We will notify you in writing if not approved.*

EMPLOYER INFORMATION

1. LEGAL NAME OF GROUP _____

2. TAX ID NO. _____

3. EMPLOYER IS A:

- Sole Proprietorship Partnership Corporation LLC Union
- Other _____

4. STREET ADDRESS (Street/City/State/Zip) _____

5. MAILING ADDRESS, IF DIFFERENT (Street/City/State/Zip) _____

6. SUBSIDIARIES/AFFILIATES TO BE COVERED?

- YES *If yes, please attach a list of all names & locations.* NO

7. SIC CODE _____

8. TOTAL EMPLOYEES _____

9. DO YOU ALLOW DOMESTIC PARTNER COVERAGE UNDER YOUR CURRENT MEDICAL PLAN?

- YES NO

10. ARE THERE EMPLOYEES LOCATED IN OTHER STATES?

- YES NO *If yes, provide a list of states.* _____

ELECTED PRODUCTS (Complete a separate Group Data Sheet for the product(s) elected)

TRUE GROUP PRODUCTS

LIFE/AD&D Life Only Group Term Life/AD&D Dependent Life

STD/LTD Short Term Disability Long Term Disability

Buy-Up STD Buy-Up LTD

VOLUNTARY GROUP PRODUCTS

LIFE AND DISABILITY Voluntary Life Voluntary AD&D

Voluntary STD Voluntary LTD

SPECIAL INSTRUCTIONS

We will issue a policy if we approve this application and the policyholder provides us with all new business submission information required to administer the policy. The applicant agrees that acceptance of the policy will be an approval of the policy terms.

WARNING: 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.

SIGNATURES

NAME OF APPLICANT _____

SIGNED AT (City, State) _____

DATE _____

SIGNATURE OF APPLICANT _____

TITLE _____

AGENT'S NAME _____

DATE _____

AGENT SIGNATURE _____

SS#/TAX ID# _____

STATE ID# _____