USAble Life

GROUP APPLICATION FOR EMPLOYEE BENEFITS

P.O. Box 1650
Little Rock, AR 72223

INTERNAL USE ONLY
POLICY NUMBER _____
PROPOSAL NUMBER _____

Please Type or Print in Black Ink

REQUESTED EFFECTIVE DATE

GROUP APPLICATION FOR POLICY EFFECTIVE DATE* _____

**The effective date is subject to approval by USAble Life. We will notify you in writing if not approved.*

EMPLOYER INFORMATION

1. LEGAL NAME OF GROUP

2. TAX ID NO.

3. STREET ADDRESS (STREET/CITY/STATE/ZIP)

4. MAILING ADDRESS if different from street address (STREET/CITY/STATE/ZIP)

5. EMPLOYER IS A: ☐ Sole proprietor ☐ Partnership ☐ Corporation ☐ LLC ☐ Other_____

6. NATURE OF BUSINESS | **7. ELIGIBLE EMPLOYEES**

8. SUBSIDIARIES/AFFILIATES TO BE COVERED? ☐ YES ☐ NO If yes, please list all names and locations in the space below.

SUBSIDIARIES/AFFILIATES NAMES & LOCATIONS:_____

_____

9. ARE THERE EMPLOYEES LOCATED IN OTHER STATES? ☐ YES ☐ NO If yes, please list all names and locations in the space below.

STATES WHERE EMPLOYEES RESIDE:_____

_____

10. ARE DOMESTIC PARTNERS ELIGIBLE FOR DEPENDENT COVERAGE? ☐ YES ☐ NO

EMPLOYER CONTACT INFORMATION:

BENEFIT CONTACT INFORMATION:		BILLING CONTACT INFORMATION:	
NAME (First, Last)		NAME (First, Last)	
PHONE	FAX	PHONE	FAX
EMAIL		EMAIL	

USAble Life

GROUP APPLICATION FOR EMPLOYEE BENEFITS

EMPLOYER INFORMATION	
LEGAL NAME OF GROUP	TAX ID NO.

EMPLOYEE CLASS DEFINITIONS		
CLASS	DESCRIPTION OF CLASS(ES)	ELIGIBLE EMPLOYEES
1		
2		
3		
4		

ELECTED PRODUCTS [1]	MIN HOURS	CONTRIBUTION		ENROLLED EMPLOYEES
			EMPLOYER %	
BASIC LIFE		☐ PRE-TAX ☐ POST-TAX		
BASIC AD&D		☐ PRE-TAX ☐ POST-TAX		
SUPPLEMENTAL LIFE[2]		☐ PRE-TAX ☐ POST-TAX		
SUPPLEMENTAL AD&D[2]		☐ PRE-TAX ☐ POST-TAX		
DEPENDENT LIFE[2]		☐ PRE-TAX ☐ POST-TAX		
VOLUNTARY LIFE		☐ PRE-TAX ☐ POST-TAX		
VOLUNTARY AD&D		☐ PRE-TAX ☐ POST-TAX		
BASIC/CORE STD[3]		☐ PRE-TAX ☐ POST-TAX ☐ GROSS-UP		
BUY UP STD[2]		☐ PRE-TAX ☐ POST-TAX ☐ GROSS-UP		
VOLUNTARY STD[3]		☐ PRE-TAX ☐ POST-TAX ☐ GROSS-UP		
BASIC/CORE LTD[3]		☐ PRE-TAX ☐ POST-TAX ☐ GROSS-UP		
BUY UP LTD[2]		☐ PRE-TAX ☐ POST-TAX ☐ GROSS-UP		
VOLUNTARY LTD[3]		☐ PRE-TAX ☐ POST-TAX ☐ GROSS-UP		

1. If effective date, anniversary or renewal dates vary by product please note in remarks.
2. Not available on stand alone basis.
3. STD and LTD beneffits that are paid for with pre-tax dollars will be subject to the federal insurance contributions act (FICA) and/or federal income tax (FIT).

REPLACEMENT: ARE ANY OF THE FOLLOWING A REPLACEMENT OF SIMILAR COVERAGE?				
	Yes	No	If yes, Previous Carrier	Termination Date
BASIC LIFE	☐	☐		
SUPPLEMENTAL LIFE	☐	☐		
VOLUNTARY LIFE	☐	☐		
STD / VOLUNTARY STD	☐	☐		
LTD / VOLUNTARY LTD	☐	☐		

If prior coverage, include a copy of the prior carrier's plan.

USAble Life

GROUP APPLICATION FOR EMPLOYEE BENEFITS

EMPLOYER INFORMATION	
LEGAL NAME OF GROUP	TAX ID NO.

EMPLOYEE MANAGEMENT PROVISIONS

SALARY BASED PRODUCTS

Salary changes for group products will take place on the:

☐ FIRST OF THE MONTH FOLLOWING ☐ DATE OF CHANGE ☐ ANNIVERSARY *NOTE: Reductions in coverage due to age will always occur on the date of change.*

ELIGIBILITY

EMPLOYEE WAITING PERIOD

☐ First of policy month following completion of _____ days of continuous active work

☐ Day following completion of _____days of continuous active work

Waiting period applies to: ☐ Current Employees ☐ Future Employees

ELIGIBILITY PERIOD FOR REHIRES: SELECT ONE OF THE DURATIONS BELOW

The waiting period is waived for employees rehired within:

☐ 3 MONTHS ☐ 6 MONTHS ☐ 12 MONTHS ☐ OTHER_____ ☐ WAITING PERIOD APPLIES

BILLING

Group will be billed by:*

- ☐ USABLE LIFE ONLINE BILLING
- ☐ COMBINED BILLED WITH BLUE PLAN
- ☐ SELF BILLED (Policyholder or Third Party Administrator)
- ☐ OTHER

Billing method will be:

- ☐ ADVANCED (ie. bill generated 15th of August for September premium)
- ☐ 10 MONTHS (List months skipped) _____
- ☐ 9 MONTHS (List months skipped) _____
- ☐ OTHER

**If billing varies by product please note in remarks.*

Annual enrollment and policy anniversary effective date for voluntary coverage will match policy effective date if not otherwise noted.

W-2 SERVICE OPTIONS FOR STD AND LTD:	
☐ OPTION 1: Withhold the employee's portion of FICA. Prepare and file W-2 Forms.	○ STD ○ LTD
☐ OPTION 2: Withhold the employee's portion of FICA. Policyholder responsible for W-2 Forms.	○ STD ○ LTD
If Option 1 or 2 are chosen, employer appoints USAble Life, or its assigneee, as its agent to handle tax withholdings. If Option 1 is chosen, employer appoints USAble Life or its assignee, as its agent to make W-2 Form filings.	

A description of the W-2 and FICA services elected by policyholder pursuant to this application will be sent to the policyholder by mail. Such services will be performed to accordance with the above election and the terms of the W-2/FICA service agreement.

USAble Life

GROUP APPLICATION FOR EMPLOYEE BENEFITS

REMARKS/SPECIAL PROVISIONS:

USAble Life 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.

This application is governed by the laws of the state of Arkansas.

WARNING: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

The information represented in this application is accurate to the best of my knowledge. I understand and agree that if the information contained in the accompanying proposal is different than this application, the information in the application will be used by USAble Life to implement this plan.

SIGNATURES

NAME OF LEGAL REPRESENTATIVE OF POLICYHOLDER (PRINTED)

TITLE OF LEGAL REPRESENTATIVE OF POLICYHOLDER

SIGNATURE OF LEGAL REPRESENTATIVE OF POLICYHOLDER

SIGNED AT (CITY, STATE)

DATE

NAME OF POLICYHOLDER AGENT (PRINTED)

SSN/TAX ID NUMBER

STATE ID NUMBER

SIGNATURE OF POLICYHOLDER AGENT

SIGNED AT (CITY, STATE)

DATE