



The undersigned Employer hereby requests to become a Participating Employer for the purposes of enrolling for group insurance benefits under the Group Policy – M047413 (herein called the “Policy”) issued effective February 1, 1989 under **EMPLOYERS ASSOCIATION OF MONTANA, INC.** (formerly *Employers Association of Western Montana, Inc.*) (herein called the “Association”) by **Fort Dearborn Life Insurance Company** (formerly *Medical Life Insurance Company*) (herein called the “Company”). Should said employer fail to qualify as a Participant, any monies paid by, or on account of, the undersigned for group insurance shall be returned and there shall be no further obligation on the part of the Company.

The undersigned understands and agrees to the following conditions:

- 1) Only employers with at least 2 employees, located in Montana who are members of the Association in good standing may participate in the insurance program provided under the Policy; and
- 2) Participants shall be bound by the provisions, conditions and limitations of the Policy and the General Conditions set forth below; and
- 3) Insurance provided hereunder is in consideration of this application and the payment of premiums when due; and
- 4) Each Participating Employer establishes an employee welfare benefit plan, as defined in Section 3 of the Employee Retirement Income Security Act of 1974, as amended (ERISA) on behalf of its employees. As administrator of the plan, each employer is responsible for complying with the applicable requirements of ERISA; and
- 5) No insurance will be issued unless this application is approved and accepted by the Company at its Home Office.

**General Conditions**

**Eligibility:** Only full-time employees of Participating Employers who work at least 20 hours per week and are enrolled in the Association Health Plan coverage are eligible for coverage. Retirees are not eligible for coverage.

**Deferred Effective Date:** Employees must be actively at work (as defined in the Policy) before coverage will become effective. Employees who are not actively at work on the date their coverage would otherwise become effective will not be insured until the day they are again actively at work.

**Participation Requirement:** 100% of those eligible must be insured.

**Life and Accidental Death and Dismemberment (AD&D) Benefits:** \$15,000 for all eligible employees. The Life and AD&D benefits reduce by 50% of the original amount at age 70. All benefits terminate at retirement.

**Employer Contribution:**

Basic Group Term Life and AD&D Insurance      Non-contributory (Employer must pay the entire cost of the coverage in order to participate in this program.)

**Employee Waiting Period:**

First of the month following completion of :       30 days       60 days       90 days       Other \_\_\_\_\_

The Waiting Period applies to:     All Employees (Present and Future)     Future employees only

**Participant Information**

Participating Employer \_\_\_\_\_ Effective Date \_\_\_\_\_

Mailing Address (not P.O. Box) \_\_\_\_\_

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

Number of Employees Eligible \_\_\_\_\_ Number of Employees Enrolled \_\_\_\_\_

Signed at \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
 Authorized Signature/Title

\_\_\_\_\_  
 Licensed Resident Agent

Warning: 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 may be guilty of insurance fraud.