

Application for Group Life Insurance

Fort Dearborn Life Insurance Company

Administered by Insurance Coordinators of Montana, Inc. • P.O. Box 6227 • Helena MT 59604

The undersigned Employer applies for Group Term Life Insurance as set forth in the Schedule of Benefits. Should said Employer fail to qualify for coverage, any monies paid for group insurance shall be returned and there shall be no further obligation on the part of the Company. The undersigned agrees that:

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| <ol style="list-style-type: none"> 1. Only Montana employers with at least 2 but less than 50 eligible employees may apply. 2. Coverage for groups of 2 to 9 lives is provided through a policy issued to the BIG Trust. 3. Groups of 2 to 9 lives subscribe to and adopt the terms and provisions of the Trust Agreement which established the BIG Trust. 4. Covered groups shall be bound by all terms and conditions of the Policy and this Application. | <ol style="list-style-type: none"> 5. Insurance is provided in consideration of this Application and the payment of premiums when due. 6. Each 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, if any. As administrator of the plan, each employer is responsible for complying with the applicable requirements of ERISA. |
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SCHEDULE OF BENEFITS and GENERAL CONDITIONS

GROUP LIFE, AD&D and DEPENDENT LIFE INSURANCE

- Life and AD&D Benefit Amount: \$10,000
- Life and AD&D insurance reduces by 35% at age 65 and to 50% of the original amount at age 70.
- Dependent Life Insurance Amount: Spouse/\$2,000; Child (from live birth to 6 months)/\$100; Child (age 6 months to 25 years)/\$1,000
- Eligible Employees: All full-time employees who work a minimum of 20 hours per week and are covered for Health Insurance are eligible. Only employees who are covered for dependent health insurance are eligible for Dependent Life Insurance.
- Employees must be actively at work for coverage to be in effect. If an employee is not actively at work on the date his life insurance is scheduled to begin, his effective date of coverage will be deferred until he returns to active work.
- Participation Requirement: Contributory Plans – 75%; Noncontributory Plans – 100%
- All Life and AD&D insurance terminates at retirement.

SUBSCRIBER INFORMATION

Employer Name _____ Nature of Business _____

Address (not a P.O. Box) _____

Total Eligible Employees _____ Total Enrolled _____ Employee Waiting Period _____

Participating Employer will: Pay Entire Cost Share Cost with Employees Employer Contribution _____%

Premiums are due and payable monthly.

Signed at _____ this _____ day of _____, 20_____.

Authorized Signature

Print Name/Title

Group Number _____