





**STATEMENT OF UNDERSTANDING**

between

FORT DEARBORN LIFE INSURANCE COMPANY  
 ("FDL")

and

\_\_\_\_\_ ("the Employer")

The Employer hereby grants FDL the right to offer each of the Employer's eligible employees, as defined in the application, the opportunity to participate in the Voluntary Benefit Program. This authorization is based on the following reciprocal agreements:

1. An enrollment will be conducted of the Employer's eligible employees. An initial enrollment period will be held from \_\_\_\_\_ through \_\_\_\_\_. Annual enrollment will be held \_\_\_\_\_.
2. The Employer agrees to provide a letter endorsing the Voluntary Benefit Program.
3. The Employer agrees to distribute FDL enrollment materials to all eligible employees.
4. The Employer agrees to collect and communicate to FDL acceptance or declination of the plan by each eligible employee.
5. The Employer will administer payroll deductions for the employees and remit premiums monthly on the first of each month.
6. The Employer agrees to notify FDL as soon as possible when the voluntary or involuntary termination of a participating employee takes place.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, Year \_\_\_\_\_

\_\_\_\_\_  
 Authorized Signature / Employer

\_\_\_\_\_  
 Authorized Signature / FDL

**FOR GROUPS OF 100+ ONLY:**

Insured Benefit Account for  
 life insurance proceeds?

- Yes     No

**APPLICATION FOR MEMBERSHIP IN THE  
 GROUP INSURANCE TRUST**

(Complete only if coverage provided under the Trust)  
 (not applicable in ME, MN, NH, OR, SD, VT or WI)

The undersigned employer applies for membership in the Group Insurance Trust (the "Trust"). Application for membership includes group insurance provided under the master group policy(ies) issued by Fort Dearborn Life Insurance Company (the "Company") to the Trust.

1. Each participating employer shall subscribe to the Trust and adopt the terms and provisions of the Trust Agreement.
2. Each participating employer shall be bound by the provisions, conditions and limitations of the Master Group Policy, the General Conditions in the Application for Voluntary Benefits, and any applicable administrative provisions.
3. Insurance issued hereunder is in consideration of the Application of the Participating Employer and the payment of premiums when due.

Any Employer shall cease to be a participating employer under the Trust on the earliest of the following dates:

1. the date the employer no longer meets one or more of the requirements set forth in this application for membership;
2. the date he discontinues or suspends active business operations or is placed in bankruptcy or receivership;
3. the date his business loses its entity by means of dissolution, merger or otherwise; or
4. the date the Master Group Policy is terminated.

It is understood and agreed by the undersigned that the Trustee is not an insurer, nor does he have any obligation under any policy of insurance. All claims for and benefits provided by the insurance applied for shall be made to and payable by the Company in accordance with the provisions of such policy(ies). The Trust Agreement and Master Group Policy(ies) held by the Trustee are available for inspection during regular business hours at the office of the Company.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, Year \_\_\_\_\_

\_\_\_\_\_  
 Authorized Signature / Employer