



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



The laws of some states require us to furnish you with the following notice:

Arkansas & Massachusetts

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.

Colorado

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

District of Columbia

It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Kansas

Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals information concerning any fact material thereto, commits a fraudulent insurance act which may subject such person to criminal and civil penalties.

New Jersey

Any person who knowingly files false or misleading information on an application for insurance coverage is subject to criminal and civil penalties.

New Mexico

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 civil fines and criminal penalties.

Oklahoma

Any person who knowingly, with intent to injure, defraud or deceive any insurer, makes a claim for the proceeds of an insurance policy containing false, incomplete or misleading information is guilty of a felony.

Texas

Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Washington

Any person who knowingly presents a false or fraudulent claim for payment of a loss or knowingly makes a false statement in an application for insurance may be guilty of a criminal offense under state law.

All other states

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act which is a crime and subjects such person to criminal and civil penalties. (Not enforceable in Oregon or Virginia.)