

## APPLICATION FOR ADDITIONAL GROUP LIFE INSURANCE



P.O. BOX 7777, MERIDIAN, IDAHO 83680-7777

1. Legal Name of Policyholder _____		
2. Address of Policyholder _____		Telephone _____
3. Name of Subsidiaries, Divisions or Affiliates to be Covered _____	4. Person Responsible for Administration of the Plan: _____	
5. Nature of Business _____	6. Tax I.D. Number _____	
7. Effective date - 12:01 A.M. Month _____ Day _____ Year _____		8. Deposit of \$ _____ to apply on the First Premium.
<b>EMPLOYEE ELIGIBILITY:</b>		
9. Eligible Classes _____	10. Eligible Employees Must Work at Least _____ Per Week and be reported for Social Security Purposes.	
11. Employees will be Eligible after Working for the Policyholder: Present Employees _____ Months/Days New Employees _____ Months/Days	12. Prior Employment to Count for Persons Rehired ( ) Yes ( ) No If Yes, must be Rehired Within _____ Months	
13. Additional Group Life Insurance is Available to: ( ) Employee only, or, ( ) Employee, Spouse and Children	14. Accelerated Benefit ( ) Yes ( ) No <b>Disclosure Statement:</b> The receipt of an Accelerated Benefit payment may adversely affect the Insured's eligibility for Medicaid or other government benefits or entitlements. In addition, receipt of an Accelerated Benefit payment may be taxable and assistance should be sought from a personal tax advisor.	
<b>CONTINUITY OF COVERAGE:</b>		
15. Is this a Replacement of Similar Coverage? ( ) Yes ( ) No	16. Termination Date of Prior Plan _____	17. Previous Company _____
18. Agent of Record (provided he is duly licensed as required by law): _____		
19. The Applicant agrees that in no case will the policy become effective if less than ____ persons are accepted for insurance.		
20. The Applicant agrees that all eligible persons will be given an opportunity to apply for insurance and to make the required premium contributions.		
21. The Applicant agrees that no insurance shall take effect unless this application is approved by the Home Office of United Heritage Life Insurance Company, Meridian, Idaho.		
Dated at _____ on _____ <span style="display: block; text-align: center; font-size: small;">(City &amp; State) <span style="margin-left: 200px;">(Date)</span></span>		
Witness _____ Applicant _____		
By _____ <span style="display: block; text-align: center; font-size: small;">(Name &amp; Title)</span>		