

**APPLICATION/PARTICIPATION AGREEMENT**

Group Number \_\_\_\_\_

**PART 1: APPLICANT INFORMATION**

1. Business Name		Check if applicable: <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Subchapter S Corp. <input type="checkbox"/> Sole Proprietorship	
2. Mailing Address ( not P.O. Box )			
Group Contact	Phone ( )		
City	State	Zip	Fax ( )
3. Name of any <input type="checkbox"/> Affiliates <input type="checkbox"/> Subsidiaries to be covered			e-mail
4. Nature of Business	5. SIC Code	6. Effective Date	7. Initial Rates Guaranteed for _____ months
8. Contributions: <b>Employer</b> will contribute:		9. Waiting Period	
Life/AD&D <input type="checkbox"/> 100% <input type="checkbox"/> Other _____ %	Voluntary Life and AD&D <input type="checkbox"/> 100% <input type="checkbox"/> Other _____ %	10. Waiting Period applies to: <input type="checkbox"/> All employees <input type="checkbox"/> New employees only	
STD <input type="checkbox"/> 100% <input type="checkbox"/> Other _____ %	Voluntary Short-Term Disability <input type="checkbox"/> 100% <input type="checkbox"/> Other _____ %		
Dependent Life <input type="checkbox"/> 100% <input type="checkbox"/> Other _____ %	Long-Term Disability <input type="checkbox"/> 100% <input type="checkbox"/> Other _____ %		
Other <input type="checkbox"/> 100% <input type="checkbox"/> Other _____ %			
11. Total eligible employees _____ Total enrolled _____	12. Billing Method: <input type="checkbox"/> List Billed <input type="checkbox"/> TPA Billed <input type="checkbox"/> Self Administered	13. Premium Deposit: (approx. one month's Premium) \$ _____	
14. Premium Payable: <input type="checkbox"/> Monthly <input type="checkbox"/> Other _____		15. <input type="checkbox"/> Premium is due on the 1 <sup>ST</sup> day of each billing period. <input type="checkbox"/> Other _____	
16. Is any other coverage in force or being applied for as of the effective date of coverage with Consumers Life Insurance Company? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain _____			

**PART 2: SCHEDULE OF BENEFITS**

CLASS DEFINITIONS (if more than one class, definitions must be specific)					
Class 1 _____					
Class 2 _____					
Class 3 _____					
Class 4 _____					
<b>Employees working less than _____ hours per week are not eligible for coverage unless otherwise noted above.</b>					
SELECTION OF COVERAGE(S) (check all that apply and fill in all applicable blanks.)					
Class	<input type="checkbox"/> Basic Life Insurance <u>Amount of Insurance</u>	<input type="checkbox"/> Basic AD&D <u>Principal Sum</u>	<input type="checkbox"/> Supplemental Life <u>Amount of Insurance</u>	<input type="checkbox"/> Supplemental AD&D <u>Principal Sum</u>	<input type="checkbox"/> Short-Term Disability <u>Maximum Weekly Benefit</u>
1	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____
1. Weekly STD benefit is subject to a maximum of _____ % of employee's Basic Weekly Wage.					
2. STD Benefits Payable: _____ day of Accident; _____ day of Sickness for a maximum benefit period of _____ weeks.					
3. 1st day Hospital? <input type="checkbox"/> Yes <input type="checkbox"/> No					
4. STD Benefits payable for non-occupational disabilities only.					
5. All benefits terminate at retirement unless otherwise noted in class definitions section.					
6. STD Benefits not available for employees working in CA, HI, NJ, NY, PR or RI.					

**SELECTION OF COVERAGE(S)** (continued) (check all that apply and fill in all applicable blanks.)

7. Life or AD&D benefits include 24 hour coverage.

8. If Life or AD&D benefits are based upon a multiple of salary, benefits amounts should be rounded to:

the next higher multiple of \$1,000     the nearest multiple of \$1,000     other \_\_\_\_\_

9. Basic Life and AD&D benefits reduce by:

35% at age 65; and further reduces to 50% of the face amount at age 70.

35% at age 65; and further reduces 35% every 5 years thereafter.

\_\_\_% at age 65; and further reduces to \_\_\_% of the face amount at age \_\_\_\_; and further reduces to \_\_\_ % of the face amount at age \_\_\_\_.

10. Supplemental Life and AD&D benefits reduce by:

35% at age 65; and further reduces to 50% of the face amount at age 70.

35% at age 65; and further reduces 35% every 5 years thereafter.

\_\_\_% at age 65; and further reduces to \_\_\_% of the face amount at age \_\_\_\_; and further reduces to \_\_\_\_% of the face amount at age \_\_\_\_.

11. Voluntary Life benefits terminate at retirement.

**Group Long-Term Disability**

\*Employees must work a minimum of 30 hours per week

**Select One Plan:**

90 day elimination     180 day elimination     Other \_\_\_\_\_

**Dependent Life Insurance**

Spouse: \$ \_\_\_\_\_

Child(ren):

\$ \_\_\_\_\_ Live birth but less than 14 days

\$ \_\_\_\_\_ Age 14 days but less than 6 months

\$ \_\_\_\_\_ Age 6 months but less than 21 years

\*if a full time student(s) and dependent upon the insured for support

\$ \_\_\_\_\_ Age 21 years but less than \_\_\_\_\_\*

**Voluntary Life and AD&D Insurance**

Increments of \$10,000 to a maximum of \$300,000

**Voluntary Short-Term Disability**

Increments of \$50; minimum of \$100 to a maximum of \$500, not to exceed 70% of employee's Basic Weekly Wage.

Select One:

Voluntary STD benefits payable: 1st day of Accident; 8th day of Sickness for a maximum benefit period of 26 weeks.

Voluntary STD benefits payable: 1st day of Accident; 15th day of Sickness for a maximum benefit period of 26 weeks.

**NON-MEDICAL MAXIMUM** (amounts in excess of the amount stated are subject to satisfactory evidence of insurability)

Life: Basic \$ \_\_\_\_\_ Supplemental \$ \_\_\_\_\_ Combined Basic and Supplemental \$ \_\_\_\_\_

STD: \$ \_\_\_\_\_ Other: \_\_\_\_\_ \$ \_\_\_\_\_



