



APPLICATION FOR GROUP INSURANCE

Application is hereby made to Fidelity Security Life Insurance Company (the Company) for Group Insurance based on the following statements.

1. Name of Policyholder _____ Phone No. (____) _____

Address _____
(Number and Street) (City) (State) (Zip Code)

Type of Industry _____ SIC Code _____

2. Subsidiaries, divisions or affiliates to be included under the Policy who are employees of the Policyholder:

3. Full-time employees are those employees who work a minimum of ____ hours per week.
The following are Classes of employees to be excluded: _____
Part-time employees are NOT eligible for benefits.

4. Sold Rates: **attach a copy of the Quote Sheet signed by the Policyholder indicating the rates and Benefits sold.**

5. Total Number of **Eligible** Employees _____ Number with **Eligible** Dependents _____
Total Number of Employees to be **insured** _____ Number of Dependents to be **insured** _____
_____ Life
_____ AD&D
_____ Supplemental Life (if coverage available)

6. Waiting Periods: Present employees (who have completed the Waiting Period under any prior plan) must be employed full-time with the Policyholder for _____ before becoming eligible for insurance.
New Employees must be employed full-time with the Policyholder for _____ before becoming eligible for insurance.

7. Employees become eligible on: _____ 1st Day of Employment
_____ 1st of Month Following Completion of Waiting Period
_____ The Day Following Completion of Waiting Period

8. Changes in Benefits are: Next Anniversary _____ 1st of the Month following increase/decrease _____

	SCHEDULE OF BENEFITS Class Description	*Life	*AD&D	*Supplemental Life Employee Only	Dependent Life
1.					<input type="checkbox"/> Yes <input type="checkbox"/> No
2.					<input type="checkbox"/> Yes <input type="checkbox"/> No
3.					<input type="checkbox"/> Yes <input type="checkbox"/> No
4.					<input type="checkbox"/> Yes <input type="checkbox"/> No
5.					<input type="checkbox"/> Yes <input type="checkbox"/> No

If Benefit is based on annual Salary:

Benefit is rounded to the: Next Higher \$1,000 _____ Nearest \$1,000 _____

Are Overtime/Commissions included: Yes _____ No _____

*LIFE and AD&D BENEFITS reduce:
_____ 35% at age 65, and further reduce 50% of the Principal Sum at age 70. _____ Other (Specify) _____
Insurance terminates at retirement. _____

9. Extension of Death Benefits: _____ 12 Months _____ To Age 65 (Please Select One)

Remarks: _____

Attach a separate page if additional space is needed, signed by the Policyholder and agent

10. DEPENDENT LIFE BENEFIT OPTIONS:

	I. _____	II. _____	III. _____	IV. _____
Spouse	\$1,000	\$2,000	\$5,000	\$10,000
Each Child over 14 days but under 6 months of age	100	100	100	100
Each Child 6 months of age but less than 19 years of age (23 if full-time student)	500	1,000	2,500	5,000

11. Premium percentage to be contributed by employer (minimum 50%) for:

Life AD&D Supplemental Life Dependent Life Other

_____ _____ _____ _____ _____

12. It is requested that the Insurance be effective _____, subject to the Company’s approval of this Application and the payment of the first premium. Coverage for any individual not actively at work on the effective date of this policy or the application date shown below, if later, or any benefit increase for any individual not actively at work on the date of such increase, shall be deferred until he or she returns to active work. Anniversary date _____ (if different, not to exceed 12 months from effective date).
Month/day

13. Premiums shall be payable monthly. Advance payment of \$_____ is submitted with this Application. The Company will apply this payment to premium, if and when Insurance is issued.

14. The below signed Agent is designated as the writing agent or broker to receive commission on the Insurance Issued on this application (provided he/she is licensed and appointed with FSL as required by Law).

15. Name of TPA _____ Address _____

16. Person responsible for plan administration _____ Phone (____) _____

The requested Insurance shall become effective only if:

- a. this Application is received and approved by the Company;
- b. the number of persons to be insured satisfies the minimum number of lives required by law; and
- c. at least 75% of the eligible employees apply for the Insurance if employee contributions are required; or if the employer is contributing 100% of the entire premium amount, then 100% of the eligible employees will be covered.

The Policyholder agrees to pay the required premium as billed by the Company and to:

- a. enroll all employees as they become eligible, if the policy is issued on a noncontributory basis; or
- b. give all eligible employees an opportunity to apply for the Insurance, if the policy is issued on a contributory basis.

Dated at: _____ this _____ 20_____
(City) (State) (Month) (Day)

_____ Policyholder _____

Agent Signature

_____ By _____

Agent Name Printed

_____ Title _____

Agent Address

Underwritten & Administered By:

