USAble Life

SMALL GROUP INSURANCE APPLICATION (GIIM)

For Groups with 2 to 50 Eligible Employees

P.O. Box 1650
Little Rock, Arkansas 72203

Type or Print in Black Ink

SECTION I. GROUP INFORMATION:

1. Legal Name of Policyholder:	2. Taxpayer ID#:	3. Effective Date of Coverage:

4. Type of Company: ❑ Corporation ❑ LLC ❑ PC ❑ S-Corp ❑ Sole Proprietor ❑ Partnership ❑ Government ❑ Other _____

5. Nature of Business	6. SIC Code	7. Name of Subsidiary or Affiliate Companies to be Covered	8. SIC Code/Affiliate

9. Mailing Address of Policyholder _____ City _____ State _____ Zip+4 _____

10. Contact Information at Company:

❑ Benefits or ❑ Billing Contact Person _____

Phone/Fax Number ( ) _____ E-mail Address _____ Web Address _____

11. Class Definitions. Small Group is limited to three classes with a minimum of 2 employees/class. *Voluntary plans are limited to one class*.

Class	Life	LTD	Grp.	Vol.	Description of Class	Waiting Period, if Different
	❑	❑	❑	❑		
	❑	❑	❑	❑		
	❑	❑	❑	❑		

12. Do you have any employees located in states other than the Policyholder's main address? (if yes, please indicate states below)
❑ Yes ❑ No _____

13. Billing Method: ❑ Credit Card/Bank draft
❑ Billed by Blue Plan ❑ Self Administered
❑ On-Line Billing ❑ List Bill

14. Total number of eligible employees:	15. Total number of employees enrolled:	16. Employer contribution:
Group: _____ Voluntary: _____	Group: _____ Voluntary: _____	Group: _____ Voluntary: _____

17. Do you allow Domestic Partner Coverage under the existing Medical Plan? ❑ Yes ❑ No

18. Waiting Period: ❑ First of the following month after completion of _____ days, or
❑ Day following Hire Date (*VLTD requires a 30 day minimum waiting period.)*

19. Minimum hours per week:
Group: _____ Voluntary:_____

20. Eligible Waiting Period Applies to: ❑ Future Employees Only ❑ Present & Future Employees
Does the waiting period apply to employees rehired within 12 months of their termination date ❑ Yes ❑ No

20a. Annual Enrollment date for Voluntary Coverage: _____

21. Replacement: Are any of the following a replacement of similar coverage? *If prior coverage, please include a copy of the prior carrier's plan.*

Yes	No	Grp.	Vol.	Coverage	If Yes, Previous Carrier	Termination Date
❑	❑	❑	❑	Life & AD&D Insurance		
❑	❑	❑	❑	Long Term Disability		

SECTION II. EMPLOYER BENEFIT OPTIONS: *FOR GROUPS WITH 2 TO 50 ELIGIBLE EMPLOYEES*

SELECT COVERAGES THAT BEST MEET THE GROUP'S NEEDS. Term Life/AD&D is required for LTD purchase.

STEP 1: Select the Life/AD&D and LTD Coverage for the Employees and the Class Applicable for that Amount

Group Term Life and AD&D Insurance

Choice	Class (Circle one)	No. of ee's	Term Life and AD&D Benefit
❑	1, 2, 3	_____	$25,000
❑	1, 2, 3	_____	$35,000
❑	1, 2, 3	_____	$40,000*
❑	1, 2, 3	_____	$50,000*

Group Long Term Disability

Choice	Class (Circle one)	No. of ee's	LTD Benefit	Duration		Elim Period	
				2 YR	5 YR	30 Day	60 Day
❑	1, 2, 3	_____	$500	❑	❑	❑	❑
❑	1, 2, 3	_____	$750	❑	❑	❑	❑
❑	1, 2, 3	_____	$1,000	❑	❑	❑	❑
❑	1, 2, 3	_____	$1,500*	❑	❑	❑	❑
❑	1, 2, 3	_____	$2,000*	❑	❑	❑	❑

**Requires a minimum of 5 eligible employees participating. Amounts between classes may not exceed 2x the lower amount.*

STEP 2: Select Enhancements to the Group Coverages

❑	Dependent Life Coverage: Spouse/child: $5,000/$2,000 (*Child coverage from 14 days to 6 months is limited to $100)*	❑	Double the amount of the AD&D benefit.

SECTION III. EMPLOYEE BENEFIT OPTIONS (VOLUNTARY PLANS): *FOR GROUPS WITH 10 TO 50 ELIGIBLE EMPLOYEES*

Instructions: Group must elect Group Term Life/AD&D if VGTL/VAD&D or VLTD is desired. The employer cannot offer both group LTD and voluntary LTD.

❑ **Voluntary* Term Life & AD&D**	**Benefits**	
Employee (Life & AD&D)	*Available amounts from $20,000 to $50,000 in $10,000 increments*	
Dependent (Life only - spouse/child)	*Available amounts of $10,000/$5,000 or $20,000/$10,000*	
❑ **Voluntary* LTD**	❑ 30 or ❑ 60 Day Elimination Period	Duration: ❑ 2 YR or ❑ 5 YR
Available Monthly Benefit Amounts	❑ $500; ❑ $750; ❑ $1,000; ❑ $1,500	

The employer elects one elimination period, one duration and one monthly benefit amount for all employees. The employee elects to purchase.

**All voluntary plans require a minimum of 10 eligible employees, with a minimum of 5 participating or 25%, whichever is greater*

TERM LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT FEATURES:

Group and Voluntary AD&D Riders		Benefits reduce by the following amounts on the insured's birthday*			
Group & Voluntary Plans	*Voluntary Plans*	Reduction at Age of Employee			
☒ Seat Belt /Air Bag	☒ Special Education	Age 65		Age 70	
☒ Coma	☒ Spouse Training	☒	35%	☒	50%
☒ Repatriation		* Benefits for the covered person(s) terminate when no longer eligible or at retirement, whichever comes first.			
☒ Exposure and Disappearance					

LONG TERM DISABILITY FEATURES:

Disability Definition: Earnings / Occupation Test (80/20);24 month own occupation	Drug & Mental Illness Limitation: 24 Month Lifetime Benefits
Benefits Duration: 24 or 60 months (Group & Voluntary)	Benefit Percentage: Flat benefit not to exceed 60% of pre-disability earnings
Pre-existing Condition: Group LTD: 3/12; Voluntary LTD: 12/6/24	Integration: non-integrated; Voluntary amounts above $1,000 are integrated.

W-2 Service Options for Long Term Disability

❑ Option 1: Withhold Federal income Taxes and the employee's portion of FICA. Prepare and File W-2 Forms.

❑ Option 2: Withhold Federal income Taxes and the employee's portion of FICA. Policyholder waives W-2 Forms Services.

A detailed description of the W-2 services elected by the Policyholder pursuant to this application will be sent to the Policyholder by mail. Such services will be performed in accordance with the above election and established standard procedures.

SECTION III. AUTHORIZATION:

REMARKS OR SPECIAL PROVISIONS:

The undersigned employer and /or authorized representative hereby request that it be approved for insurance coverage through USAble Life and agrees to comply with all terms and provisions of the Group Policy (ies) issued in response to this application.

It is understood and agreed that this application shall be made a part of the policy or policies applied for and that no insurance shall be effective until approved by USAble Life.

Warning: 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.

_____ Dated at (City & State)

_____ Date

_____ Signature of Policyholder and Title

_____ Name of Licensed Agent

_____ Signature of Licensed Agent

For Home Office Use Only
Group #