

# EMPLOYER APPLICATION

FOR GROUPS OF 2 — 9 LIVES



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Section 1—General Information

Name of employer \_\_\_\_\_

Business address \_\_\_\_\_ KS  
Number and street City State ZIP

Billing address \_\_\_\_\_  
P.O. Box City State ZIP

Firm contact \_\_\_\_\_ Title \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

E-mail address: \_\_\_\_\_

No. of years in business \_\_\_\_\_ Nature of business: \_\_\_\_\_

Rollover from Yearly Renewable Term Policy

Section 2—Billing Information

Requested effective date \_\_\_\_\_

Premium is due monthly if \$30 or more and quarterly if less than \$30. Advance payment of \$ \_\_\_\_\_ is submitted with this application to be applied by the Company for insurance when and if issued.

Enrollment requirements (**no open enrollment**) — Eligibility is to be based solely on conditions pertaining to employment; such as, the employee's length of employment, regularly working the hours required each week, or their occupation. **Eligibility, participation and the percentage of the premium the employer funds should not be based on enrollment in a health coverage plan.**

**Contributory** — both the employer and the employee contribute to the cost of the premium. A minimum of 75% of all active full-time persons must participate. Late enrollees will be required to submit evidence of insurability.

**Non-contributory** — the employer covers 100% of the cost of the premium for every employee who qualifies for the insurance (no premium is withheld from the employee). 100% of all active full-time persons must enroll. Late enrollees will be backbilled.

Employer contribution (the percentage of the premium the employer provides as a benefit to the employee)

Basic Term Life and AD&D \_\_\_\_\_ % Short Term Disability (STD) \_\_\_\_\_ % Long Term Disability \_\_\_\_\_ %

Dependent Life \_\_\_\_\_ % Voluntary STD \_\_\_\_\_ %

Section 3—Full-time Count

**Eligibility requirements — minimum hours worked to be considered full-time:**  
 Individuals must work a minimum of \_\_\_\_\_ hours per week and satisfy the company imposed waiting period beginning on the first day of employment to be considered eligible (must be at least 30 hours or more per week).

**Individuals not eligible for coverage include part-time, seasonal, temporary persons and leased, contracted or 1099 employees.** Do you exclude any others? Please describe: \_\_\_\_\_

**Waiting period:** \_\_\_\_\_ day(s) (applies to all full-time persons.)

Does the waiting period apply to eligible persons employed on or prior to the policy's effective date?  Yes  No

Will part-time employment be used to satisfy the waiting period?  Yes  No

**Employees become eligible** the first day of the month coinciding with, or following completion of the Waiting Period.

\_\_\_\_\_ No. of full-time eligible\* employees (\*as determined by conditions pertaining to employment such as the length of employment, regularly working the required number of hours each week, or occupation)

\_\_\_\_\_ No. still serving waiting period

\_\_\_\_\_ No. enrolling (if this number is less than 2 or the enrollment requirements shown in Section 2 are not met, whichever is the greater number, the group is ineligible for coverage.)

Section 4—Status

**Persons not actively at work will not be eligible for insurance (or an upgrade in benefits) until they have returned to an 'actively at work' status.** List any individual who is not now (or expected to be) at work on the effective date of coverage. Attach a separate sheet to this application if more space is needed.

Name	Date last worked	Reason	Insured by Prior Carrier

**Basic Term Life and AD&D<sup>(1)</sup>—requested schedule of benefits for eligible persons** (may select one option per class)  
 Describe Class 1 \_\_\_\_\_  \$10,000  \$20,000  \$30,000  1 X annual to \$50,000<sup>(2)</sup>  
 If applicable:  
 describe Class 2 \_\_\_\_\_  \$10,000  \$20,000  \$30,000  1 X annual to \$50,000<sup>(2)</sup>

- <sup>(1)</sup> Basic Term Life and Accidental Death and Dismemberment (AD&D) benefits reduce 35% at age 65, reduces an additional 25% at age 70, will further reduce 15% at age 75 and terminates at retirement.
- <sup>(2)</sup> Insurance amounts in excess of \$30,000 are subject to submission and approval of satisfactory evidence of insurability. Basic Annual Earnings will not include overtime pay, commissions, bonuses or any other extra pay.

**Living benefit — an accelerated benefit**

**Benefit** The living benefit, also known as an accelerated benefit, allows a terminally ill insured person to request a portion of their basic term life insurance face amount **while still living**. The benefit is paid to the insured person, in a lump sum, and may be used in any way they see fit. Upon their death the beneficiary on file would receive the remaining reduced term life insurance amount.

**Eligibility** An insured person must be covered under the group policy for a minimum of 30 days, and have a life expectancy of 12 months or less, before applying for this benefit for a terminal condition related to an illness. For a terminal condition related to an accident, application can be made from the effective date of coverage. Only one living benefit will be paid to an insured person under the group policy.

**Exclusions** The living benefit is not applicable to any insured person on waiver of premium.

**Automatic** The living benefit will be distributed automatically to your insured persons, unless we receive written notification that you do not wish to make the rider available.

**Dependent Life Benefits<sup>(3)</sup> — (select one option)**  
 \$2,000 Spouse/ \$2,000 dependent child from 6 months to 23 years/\$250 dependent child 15 days to 6 months  
 \$5,000 Spouse/ \$5,000 dependent child from 6 months to 23 years/\$500 dependent child 15 days to 6 months

- <sup>(3)</sup> The maximum amount of Dependent Life Insurance will not exceed 50% of the amount of the Life Insurance in effect on the insured. Dependent Life Insurance will terminate when the insured employee attains age 75 or the child is no longer eligible for the benefit, whichever occurs first.

**Short Term Disability<sup>(4)</sup> — (select one weekly benefit amount option and one elimination period option)**

Weekly Benefit Options:  \$150  
 60% of basic weekly earnings to a maximum of \$500. Basic weekly earnings will not include overtime pay, commissions, bonuses or any other extra pay.

Elimination Period: Benefits begin on  15<sup>th</sup> day accident, 15<sup>th</sup> day sickness, or,  31<sup>st</sup> day accident, 31<sup>st</sup> day sickness

Benefit Duration (i.e. benefit period): will be a maximum of 26 weeks depending on the type of, and severity of, the disability. The maximum benefit period reduces 50% at age 70.

- <sup>(4)</sup> A 12/12 Pre-existing Condition Exclusion applies to the short term disability plan. Coverage terminates at retirement.

**Voluntary Short Term Disability** — Benefit options, the elimination period, the pre-existing waiting period and other features will be reflected on the proposal of coverage (or renewal) as applicable.

**Long Term Disability** — Benefit options, the elimination period, the pre-existing waiting period and other features will be reflected on the proposal of coverage (or renewal) as applicable.

**Prior carrier information.** Is the insurance being requested replacing other group insurance?  Yes  No  
 If replacing disability coverage, a copy of the prior plan is required for administration. **Claims or benefits may be affected if a copy of the prior carriers plan is not received.**  
 Prior carrier: \_\_\_\_\_ Termination date \_\_\_\_\_

The group insurance applied for will become effective, subject to the terms and conditions of the policies for which application is made, as of the effective date requested, provided this application is approved at the home office of Advance Insurance Company of Kansas (AICK) and provided the number of individuals to be insured are not less than the number of lives required by the laws of Kansas. If this application is not approved, no insurance will become effective and any advance payment will be refunded. Approval of this application is not guaranteed. The policyholder should not cancel any other coverage until notified by AICK that this application has been approved. No agent or broker is authorized to approve applications, modify policies, alter, or waive any rights or requirements of AICK.

Signed at \_\_\_\_\_ State of \_\_\_\_\_ on this \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
City State Day Month Year

\_\_\_\_\_  
 Agent representative

\_\_\_\_\_  
 Authorized signature of policyholder

\_\_\_\_\_  
 Title of authorized signatory for policyholder

\_\_\_\_\_  
 Full legal name of employer