

Application

for Groups of 2-9 Lives



Employer/Policyholder _____

Requested effective date _____

Business address _____
Physical address Street

City _____ State _____ Zip _____

Billing address _____

Same as business address above City _____ State _____ Zip _____

Which of these addresses (if different) should your certificates be mailed to? Business address Billing address

Phone _____ Fax _____

Plan administrator rep _____ E-mail _____

Group leader _____ E-mail _____

Nature of business _____

Premium is due monthly if \$30 or more and quarterly if less than \$30 except when using the Automatic Payment Option (ACH). Advance payment of first premium is submitted with this application to be applied by the Company for insurance when and if issued. Please include first premium payment of \$ _____ with application.

Billing preference: (select only one) Monthly Automatic Payment Option (ACH)
 Monthly billing (available if monthly premium is \$30 or more)
 Quarterly billing

A. The company-imposed waiting period

Coverage for eligible employees begins the first day of the month following (or coinciding with) completion of your company's waiting period.

1) The Waiting Period requires an employee to Actively Work the specified period for the policyholder/participating employer before qualifying for benefits:

Class 1 _____ days; or other (describe) _____

Class 2 _____ days; or other (describe) _____

2) Does the waiting period apply to employees employed on or prior to the policy's effective date? Yes No

3) Does the waiting period apply to employees that are rehired? Yes No

4) Will the time a person has been employed but not working enough hours to qualify for benefits (i.e., less than the minimum hours required each week) be used to satisfy the waiting period? Yes No

B. Working the required hours

1) Employees and owners must be Actively at Work performing the regular duties of their job and at the usual place of employment for a minimum of _____ hours* each week to be insured by this coverage.
(*May not be less than 30 hours each week.)

2) This coverage does not include persons that are seasonal, temporary, leased, contracted or 1099 employees. All others working the minimum hours each week should enroll (or waive coverage) unless you exclude them from coverage. Do you exclude any others? Yes No If yes, describe who: _____

Please continue on the next page.

C. Actively at work

Employees must be Actively Working to be insured. Employees that are not actively working (i.e., performing their regular duties, at the usual place of employment, and working at least the minimum required hours each week) when this coverage becomes effective cannot be covered by this policy [or by the benefit(s) being added]. If an injury or illness causes an employee to be absent or incapable of working the required hours on the effective date of this policy, coverage should be continued with the prior carrier.

Employees that are not actively working (i.e., performing their regular duties, at the usual place of employment, and working at least the minimum required hours each week) after the coverage becomes effective cannot continue to be insured except as provided specifically by the group policy.

D. Employees not actively working on the effective date of coverage

List any individual who is not actively working now or not expected to be actively working on the Effective Date of Coverage. Attach a separate sheet to this application if more space is needed.

Name	Date last worked	Reason	<input type="checkbox"/> Yes <input type="checkbox"/> No Insured by prior carrier?
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E. Participants

Employees (and dependents, if applicable) must be a resident citizen of the United States or an alien legally residing in the United States to be eligible for coverage. Participation in this coverage is to be based solely on conditions pertaining to a person's employment which includes, but is not limited to, factors such as the length of employment, regularly working the required hours each week, and belonging to a class of employees that is included in this plan (please note: "persons enrolling in health coverage" is not a valid class description).

Eligibility for the group life coverage, participating in the group life coverage, or the amount of premium the employer contributes toward the cost of the group life coverage cannot be based on the employee's participation in (i.e., enrolling in) the employer's group's health plan.

A minimum of 70 percent of all active eligible employees must participate in the group coverage. If the employer funds the benefit entirely (at no cost to the employee), 100 percent of the active eligible employees are to be enrolled in the group coverage. (Regardless of whether or not the employee(s) participates in your health plan.)

1) The number of employees eligible to participate are: _____
[Do not include those persons listed in Section D. that are not (or will not be) Actively Working on the effective date of coverage.]

2) The number of employees still serving their waiting period: _____

3) The number of eligible employees enrolling: _____
[If this number is less than 2 lives or less than 70 percent are participating (whichever is the greater number) the group is ineligible for this coverage.]

F. Prior carrier

Is the insurance being requested replacing other group life or disability coverage? Yes No

If it is replacing a disability coverage, a copy of the prior plan is required for administration. Claims or benefits may be affected if a copy of the prior carrier's disability plan is not received.

Coverage being replaced?	Prior carrier	Date of termination
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Please continue on the next page.

H. Other group benefits - as described on the Proposal of Coverage

- Long term disability
- Voluntary term life (with or without AD&D)
- Voluntary accident
- Voluntary short term disability

I. Application

I understand:

1. This Group Application and the Proposal of Coverage(s), constitute an application for group insurance with Advance Insurance Company of Kansas (AICK). The employer sponsoring this group plan is an active business operating on a full-time basis in the BCBSKS service area. I acknowledge that AICK has the right to request and receive any information necessary to validate representations about my business.
2. I understand that if my group replaces AICK with another life or disability insurer, any coverage provided pursuant to this application will be cancelled for both the group and it's individuals except as provided by law.
3. All information provided on this Group Application is true and complete to the best of my knowledge. I acknowledge that AICK will rely on this information in evalutating this group for coverage and will promptly notify AICK of any changes. I also acknowledge that any intentional misrepresentation of material fact in this application may result in termination or recision of coverage.
4. The group life and/or disability insurance applied for will become effective as of the effective date requested, subject to the terms and conditions of the policies for which application is made, provided: 1) this application is approved at the home office of AICK and 2) 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/ participating employer should not cancel any other life and/or disability 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.
5. Please initial sections a., b., and c. after you have read them:

_____ a. I have read Section C. and understand an employee must be Actively at Work to be insured.

It is the responsibility of the Policyholder/participating employer to submit to AICK for enrollment only those employees and dependents who meet the eligibility criteria of the Policyholder Policyholder/ participating employer and AICK; and to ensure and verify the continued eligibility status of covered employees and dependents.

_____ b. AICK does not have Open Enrollment.

_____ c. Employees in a covered class and working at least the required minimum hours each week should enroll at first opportunity to avoid being a Late Enrollee.

Coverage will be based on the participant's earliest possible date of eligibility and backbilled accordingly unless the applicant is a Late Enrollee.

Late Enrollees must provide AICK with satisfactory evidence of insurability to be covered; this may include answering medical questions and paying any fees charged for medical records or exams needed to underwrite the Late Enrollee's request for coverage. A Late Enrollee requesting voluntary disability coverage may also be required to wait for an Annual Enrollment period to apply.

Employer name _____

Signature _____
Plan Sponsor Representative, Plan Administrator Representative or Officer of the Company

_____ Date

Title _____

AICK representative signature _____

Thank you for your application