



EMPLOYER PARTICIPATION APPLICATION FOR THE JOINT EMPLOYER GROUP INSURANCE TRUST

1-800-753-0404

EMPLOYER INFORMATION

Firm Name Address City State Zip Telephone Firm Contact Title Type of Business # Full-time Employees in Firm: # Full-time Employees Enrolled: Effective Date Requested: SIC Code or Nature of Business: (The firm's effective date will be the first or the 15th of the month following written acceptance by Companion Life Insurance Company.) How many years in this business? How many years in this location? Tax I.D. Number Will this insurance replace existing insurance? Name of existing carrier Which coverages are being replaced? Life and AD&D STD

Life and AD&D Flat Amount Plan \$10,000 \$15,000 \$25,000 \$50,000 \$75,000 \$100,000 Class Plan Life and AD&D Amount 1 2 3 Percent of premium paid by employer % (A minimum of 25% is required.) Dependent Life Yes No Spouse: \$10,000 Children: \$5,000 Children: 14 days - 6 months: \$200

Waiting Period Initial Enrollment Future Employees One month Other One month Other

STD Percent of Earnings 60% to a maximum benefit of (select one): \$750/week \$/week Benefit Period 13 weeks 26 weeks Benefits Begin: First Day (Accident) Eighth Day (Illness) Percent of premium paid by employer % (A minimum of 25% is required.)

Table with 5 columns: Life and AD&D Total Monthly Premium, Dependent Life Total Monthly Premium, STD Total Monthly Premium, \$10.00 per month Administration Fee, Total Monthly Premium. Includes a calculation row with plus and equals signs.

Are any of the persons to be covered retired, currently hospitalized, disabled or on any extension of benefits? Yes No (If yes, give details.)

FRAUD WARNING (Not Applicable in AZ, FL, MD, OR, VA): Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or a statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits (in TX, may be committing) a fraudulent insurance act, which is a crime and subjects (in KS, which may be determined by a court of law to be a crime which subjects) such person to criminal and civil penalties.

FRAUD WARNING (FL only): Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

Participation Agreement (administered and underwritten by Companion Life Insurance Company) The Participant does hereby apply for Group Insurance Benefits as set forth in the above "Employer Participation Application for the Joint Employer Group Insurance Trust" and subscribes to the Agreement and Declaration of Trust. Name of Trust: Joint Employer Group Insurance Trust It is understood and agreed by the undersigned that the Trustee is not an insurer, nor does he have any obligation under any policy of insurance and that all claims for and benefits provided by insurance being applied for herein shall be made to and payable by the Insurance Companies issuing group policy(ies) to the Trustees, but only to the extent and in strict accordance with the provisions of such policy. The Trust agreement and the group policy(ies) held by the Trustee are available for inspection during regular business hours by the Participant at the office of the Administrator, Companion Life Insurance Company, located at 7909 Parklane Road, Suite 200, Columbia, SC 29223-5666. The undersigned employer agrees that coverage shall not commence until this application has been approved by Companion Life Insurance Company and notice of approval has been transmitted to us. As named employer, I understand that I should not cancel any existing coverage until notified that this application has been accepted by Companion Life.

Signature of Applicant Title Date Signature of Agent/Broker Date Printed Name

FOR HOME OFFICE USE Accepted by Administrator Effective: By: Title Date