AFR LIFE

Employer Information

Application for Group Insurance

Application is made to AFR Life Insurance Company (AFR Life) for the insurance coverage(s) indicated below. This Application must be accepted and approved by AFR Life prior to any Contract being in effect.

Full Legal Name of Group Employer:
Key Group Contact:
Street Address:
City/State/Zip Code:
Situs State: Phone Number: E-Mail Address:
Coverage Information
Proposed Effective Date:
Contributory Coverage percentage (employee paid): Noncontributory percentage (Policyholder paid):
Number of full-time and part-time employees: Number of full-time employees: Total Eligible employees:
Number of employees in their waiting period:
Minimum number of hours worked per week to be eligible employees (cannot be less than 16 hours per week)
Waiting period for eligible employees: CHOOSE ONE of the following*:
Coverage begins on the first day of the month following days of continuous employment, or
Eligibility begins immediately following days of continuous employment
Coverage Applied for Safeguard Term Plan-Term to 121 Other Bill Type: List Bill Self-Administered Other
Premium Remittance Frequency Monthly Bi-Weekly Semi-Monthly Other
* Any employee past their waiting period and eligible for coverage within 60 days of the group's effective date must submit a completed Statement of
Insurability. The waiting period cannot exceed 180 days. If 60 or more days are chosen as the waiting period, coverage must begin on the first of the
month immediately following the waiting period.
Agreement
The Policyholder agrees to accept the terms and provisions of the group policy, including its exhibits, riders, endorsements or amendments, if any.
General Conditions
In making this Application, the Employer represents that such information accurately reflects the true facts and that the undersigned has authority to bind the
Employer to the proposed Contract. Accordingly, this request will be prat of the Contract if accepted by AFR Life.
Any person who knowingly presents a false statement in an application for insurance maybe guilty of a criminal offense and subject to penalties unde
state law.
Signed at City Signed at State Date of signature
Group Employer Tax ID
Signature of Authorized Officer/Party Title Title
Witness (please print)Witness Signature
The writing agent on the insurance applied for is (the agent must be duly licensed as required by law):
Writing Agent or Broker Name (please print) Writing Agent or Broker Signature

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