

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.

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Employer Information						
Full Legal Name of Group Emplo	yer:					
ey Group Contact: SIC Code:						
Street Address:						
City/State/Zip Code:						
Situs State:	Phone Number: E-Mail Address:					
Coverage Information						
Proposed Effective Date:						
Contributory Coverage percentage	ge (employee paid): _	Noncontribut	ory percentage	(Policyholder paid)	· ·	
Number of full-time and part-time	e employees:	Number of full-time employe	es: To	otal Eligible employe	es:	
Number of employees in their wa	aiting period:					
Minimum number of hours worke	ed per week to be eligi	ble employees (cannot be less	than 16 hours	per week)		
Waiting period for eligible employ	yees: CHOOSE ONE	of the following*:				
Coverage begins o	n the first day of the m	nonth following days o	of continuous er	mployment, or		
Eligibility begins im	mediately following _	days of continuous em	nployment			
Coverage Applied for Safeg	guard Term Plan-Term	n to 121 Other Bill Type:	List Bill S	Self-Administered	Other	
Premium Remittance Frequen	cy Monthly Bi-V	Weekly Semi-Monthly Otl	her			
* Any employee past their wait	ing period and eligib	ole for coverage within 60 day	ys of the group	o's effective date n	nust submit a co	mpleted Statement of
Insurability. The waiting perio	d cannot exceed 180	days. If 60 or more days are	e chosen as th	e waiting period, o	coverage must b	egin on the first of the
month immediately following t	he waiting period.					
Agreement						
The Policyholder agrees to acce	pt the terms and provi	sions of the group policy, include	ding its exhibits	, riders, endorseme	nts or amendmen	ts, if any.
General Conditions						
In making this Application, the E	mployer represents the	at such information accurately i	reflects the true	facts and that the u	undersigned has a	authority to bind the
Employer to the proposed Contra	act. Accordingly, this	request will be prat of the Conti	ract if accepted	by AFR Life.		
Any person who knowingly pr	esents a false staten	nent in an application for insu	ırance maybe	guilty of a crimina	l offense and su	bject to penalties unde
state law.						
0	0'	D				
Signed at City Group Employer						
Signature of Authorized Officer/F	Party		Tit	:le		
Witness (please print)						
The writing agent on the insuran Writing Agent or Broker Name (p						
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