

**COLONIAL LIFE & ACCIDENT INSURANCE COMPANY, PO BOX 1365 COLUMBIA, SC 29202  
APPLICATION FOR GROUP TERM LIFE INSURANCE**

POLICYHOLDER SECTION:	
Policyholder Name	Billing Control Number
Policyholder Home Office (or Corporate) Address Street City State Zip Code	Policyholder Phone Number
Do you have eligible employees located in other states? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," list states here:	Plan Administrator Name
Nature of Business	Policy Effective Date (mm/dd/yyyy)

ENROLLMENT INFORMATION:	
Initial Enrollment Dates Start Date (mm/dd/yyyy) - Stop Date (mm/dd/yyyy)	Subsequent Open Enrollment Dates, if any, are subject to the agreement of the Policyholder and Colonial Life & Accident Insurance Company each year.
<b>Eligible Class:</b> <input type="checkbox"/> All employees in active employment working at least <u> 20 </u> hours per week. <input type="checkbox"/> Other: _____	
Number of Eligible Employees: _____ Waiting Period: _____ Days Eligibility Period: _____ Days	

REPLACEMENT SECTION:	
Is this a replacement of similar coverage? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, a copy of the previous carrier's plan is required.	
Previous Company Name	Termination Date of Prior Plan

LIFE COVERAGE - CHOOSE ONLY ONE PLAN AND APPLICABLE OPTION(S):	
The policyholder must choose between the plans listed below. The options chosen must agree with Colonial Life's underwriting requirements for this product unless agreed upon in advance.	
<input type="checkbox"/> <b>Voluntary Term Life Insurance (Employee Paid)</b>	
<b>Employee Coverage:</b> <input type="checkbox"/> Incremental plan (\$10,000 minimum, \$1,000 increments) <b>OR</b> <input type="checkbox"/> Multiple of Salary: _____ (multiples of salary should be in .50 increments to a maximum of five times annual salary, select up to five choices)	
<b>Spouse Coverage:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (\$5,000 minimum, \$1,000 increments, cannot exceed employee amount) <b>Dependent Children:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (\$1,000 minimum, \$1,000 increments)	
<b>Plan (choose only one):</b> <input type="checkbox"/> Group Term Life Only <input type="checkbox"/> Group Term Life with Accidental Death & Dismemberment <input type="checkbox"/> Group Term Life with Waiver of Premium <input type="checkbox"/> Group Term Life with Waiver of Premium and Accidental Death & Dismemberment  For plans that include Waiver of Premium also complete the Custom Plan section.	<b>If AD&amp;D is selected, choose up to two suites.</b> <input type="checkbox"/> Catastrophic Suite <input type="checkbox"/> Family Suite <input type="checkbox"/> Malicious Intent Suite <input type="checkbox"/> Occupational Disease Suite <input type="checkbox"/> Travel Suite <input type="checkbox"/> None  If two suites chosen for Voluntary coverage, the employee will choose one of the two suites.

**CUSTOM PLANS ONLY:**

Rate Guarantee: \_\_\_\_\_ years

 Tobacco distinct rates  
 Uni-Tobacco ratesContinuation of Coverage:  
 Yes  No

Waiver of Premium, select:

Elimination Period days:  90  120  180  270  360Benefit Period – Duration of Disability:  Age 65  Age 70  ADEA 1Definition of Disability:  Any occupation  1 year own occupation  2 years own occupation

Portability, select:

Without E of I  Yes  No

Other: \_\_\_\_\_

**AGREEMENT SECTION**

All statements and information found in the application are deemed representations and not warranties. Any person who knowingly presents a false or fraudulent claim for payment for a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. It is understood and agreed that this application shall be attached as a part of the Policy applied for and that no Insurance shall be effective until approved by Colonial Life & Accident Insurance Company at its Home Office.

Signed at: City \_\_\_\_\_ State \_\_\_\_\_ Date \_\_\_\_\_  
mm/dd/yyyy(x) \_\_\_\_\_  
(Authorized Signature/Title)**AGENT SECTION**

I hereby certify that: (a) all information set forth above is correct to the best of my knowledge and belief; (b) I have complied fully with the underwriting rules; (c) I have explained the proposed insurance policy in detail; and (d) to the best of my knowledge and belief the proposed Policyholder is financially sound.

(x) \_\_\_\_\_ License No. \_\_\_\_\_ Code No. \_\_\_\_\_  
Signature of Licensed Agent

## Fraud Warning Notice

<b>For all states except those listed below:</b>	Any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.
<b>Arizona</b>	For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.
<b>Arkansas, Louisiana and West Virginia</b>	Any person who knowingly presents a false or fraudulent claim for payment for a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
<b>Colorado</b>	It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines and denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.
<b>District of Columbia</b>	<b>WARNING:</b> It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefit if false information materially related to a claim was provided by the applicant.
<b>Florida</b>	<b>All statements and information found in the application are deemed representations and not warranties. 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.</b>
<b>Kentucky, Kansas and North Carolina</b>	Any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and may subject such person to criminal and civil penalties.
<b>Maine and Washington</b>	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.
<b>New Jersey</b>	Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
<b>New Mexico</b>	ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRUADULENT CLAIM FOR PAYMENT OR LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.
<b>Oklahoma</b>	WARNING: Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.
<b>Oregon and Texas</b>	Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.
<b>Pennsylvania</b>	Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. If coverage is <u>contested</u> , the company's only obligation will be to refund all premiums paid.
<b>Tennessee</b>	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the company. <u>Penalties include imprisonment, fines and denial of coverage.</u>
<b>Virginia</b>	Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.