Companion Life Insurance Company/Columbia, South Carolina
P.O. Box 100102
Columbia, SC 29202-3102

VOLUNTARY GROUP TERM LIFE INSURANCE EMPLOYER PARTICIPATION APPLICATION

The undersigned Employer applies for membership in the Companion Life Joint Employer Group Insurance Trust and for participation in the insurance coverage now in effect or later modified.

1. Legal Name of Employer	2. Group Number
3. Address	
4. Name of Subsidiaries, Divisions or Affiliates to be covered	
5. Name of Contact	6. Telephone Number ( )
7. Proposed Effective Date 12:01 A.M.	8. Nature of Business
9. Will the employer contribute to the cost of the insurance? ☐ Yes ☐ No If yes, what percentage? ______%	10. Number of Employees Eligible __________ Enrolled __________

11. Are any employees disabled at this time? ☐ Yes ☐ No If yes, give details. Use additional sheet, if required.
____

12. Is there any other insurance in force, being applied for or being issued at this time? ☐ Yes ☐ No
If yes, give details: ______________________________
Is this insurance intended to replace any existing group life insurance? ☐ Yes ☐ No If yes, give details
(company name, coverage termination date) ______________________________

13. Eligibility
All regular full-time employees working a minimum of ________ hours per week (Not less than 30 hours per week).
Are any employees excluded from coverage? ☐ Yes ☐ No
If yes, please define: ______________________________

14. Eligibility Waiting Period
A. All Employees: ______________________________
B. Is waiting period waived for current employees? ☐ Yes ☐ No
C. Coverage effective: ☐ First billing following or coincident with the end of the waiting period.
☐ Day following waiting period (Premium will be prorated).
☐ Other, specify ______________________________

15. Amount of Insurance: Employee

Companion Choice Plus

☐ **Employee Life Insurance:** Option of $25,000 to $300,000 in $25,000 increments.

☐ **Accidental Death and Dismemberment Insurance:** (The AD&D amount will be the same as the Life Insurance amount. The AD&D benefit is not available for children.)

Companion Choice

☐ **Employee Life Insurance:** Option of $10,000, $25,000, $50,000, $75,000 or $100,000.

16. Dependent Benefits:

☐ **Spouse Life Insurance:** Options of $5,000 increments not to exceed 50% of the employee amount.

☐ **Dependent Life Insurance:**
6 months to age ______
If a full-time student; to age ______
Option of $2,500, $5,000, $7,500 or $10,000 (Employee coverage required).
14 days to 6 months: 10% of selected benefit.

Evidence of Insurability will be required on Employee Life, Spouse Life and Dependent Life coverages based on participation.

17. Reduction:

Employee Life Insurance benefit reduces to 65% at age 65, reduces to 50% of the original amount at age 70, to 35% at age 75, to 20% at age 80, and terminates at retirement, whichever occurs first.

Spouse Life benefit reduces in accordance with the employee's reduction. It will terminate at age 70 or upon the employee's retirement, whichever occurs first. The Dependent Child benefits terminate upon termination of the employee's benefit.

EMPLOYER PARTICIPATION AGREEMENT

Administered and Underwritten by Companion Life Insurance Company

The Participating Employer does hereby apply for Voluntary Group Term Life Insurance as set forth in this request and subscribes to the Agreement and Declaration of Trust.

NAME OF TRUST: Joint Employer Group Insurance Trust

It is understood and agreed that all the following requirements shall be met:

1. The insurance shall not become effective unless this request is accepted and approved by the Administrator.
2. The Participating Employer will furnish and maintain the records necessary to the Administration of the Plan; will report changes to and from the group, will process claims promptly as they occur, and will make all premium payments in accordance with the terms of the Plan.
3. I understand that only permanent active employees, partners, and proprietors working the minimum hours shown on the Participation Agreement are eligible for coverage. I understand the Guarantee Issue limitation of the insurance plan and understand that the coverage is renewable at the option of the Underwriting Company.
4. I understand the underwriting and participation requirements, and understand that the initial participation (if applicable) must be maintained or exceeded in order for coverage to remain in force.
5. Insurance coverage on any individual shall become effective on the first premium due date coinciding with, or next following, satisfaction of any waiting period and receipt and approval of proper enrollment material (including evidence of insurability, if required).
6. Any Employer or Member contributions will be collected by the Participating Employer. The Participating Employer agrees to remit these premiums on or before each premium due date to the Administrator or to its designated representative.

The Participating Employer acknowledges and warrants that coverage under any policy through the Joint Employer Group Insurance Trust shall only be as and to the extent provided in the insurance policy or policies held by the Trustee, and the Participating Employer has explained this to each person for whom it seeks benefits thereunder, and the Participating Employer further acknowledges and agrees that, notwithstanding the date of this application or the date when the Administrator may act hereon, coverage will commence only if this application is accepted by the Administrator and then only upon the effective date to be inserted by the Administrator in the acceptance form below. The Participating Employer further acknowledges and agrees that no one other than an executive officer of the Administrator or other person designated by the Administrator in writing to do so and acting at the Administrator's Office in Columbia, South Carolina may accept this application on behalf of the Joint Employer Group Insurance Trust.

The Participating Employer may withdraw from the Joint Employer Group Insurance Trust and cancel its application at any time upon thirty-one (31) days' prior written notice to the Administrator. Failure to remit and pay charges when due shall automatically constitute such withdrawal and cancellation of all coverage. In the event coverage is terminated because of non-payment of premium and the Participating Employer has not given thirty-one (31) days' written notice of such desire to cancel coverage, the Participating Employer shall be liable for all premiums that fall due for coverage provided during the thirty-one (31) day grace period following the last premium due date.

It is understood and agreed by the undersigned that the Trustee is not an insurer, and does not 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 Company 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 Participating Employer at the office of the Administrator, located at 7909 Parklane Road, Suite 200, Columbia, South Carolina. The Administrator may cancel the Participating Employer's application and membership in the Joint Employer Group Insurance Trust at any time upon 45 days' prior written notice to the Participating Employer.

The Participating Employer does herewith remit the sum of $________ on account of the first premium or the first and subsequent premiums on a policy of group insurance for which request has been made to Companion Life Insurance Company. If such Participating Employer is not approved or if for any reason the insurance applied for does not become effective, the amount paid in exchange for this receipt shall be refunded.

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.

______________________________ (Company)

By: ______________________________

____
(Title) (Date)

____
Agent Name (Please print or type)

FOR HOME OFFICE USE ONLY Accepted by Administrator

By: ______________________________

____
(Title) (Date)

Effective Date: ______________________________