## **Employer's Subscription Agreement**

Administered by:



Medical, Dental and Disability Insurance Underwritten by: **Guarantee Trust Life Insurance Company** Glenview, Illinois

Life and AD&D Insurance Underwritten by: Jefferson Pilot Financial Ins. Company Omaha, Nebraska

PL	EASE COMPLETE ENTI	IRE APPLICATION USING	iNK.			
٥	New Group	☐ Change to Existing Confidence Complete Section (Please complete Section )		Number her sections applicable to	your requested	change.)
Re	equested Effective Date		Important—cove	rage will not become effec	ctive until we no	tify you in writing.
En	nployer's Legal Name _					
Bil	lling Address					
M	ailing Address		City		State	<i>Zip</i>
		)	City		State )	Zip
Na	ame/Title of Contact Per	rson		Email Address		
Βι	ısiness Type 🛭 Sole I	Proprietorship 🚨 Partne	ership 🖵 Corpo	ration 🚨 Other		
Fe	deral Tax ID Number _			Nature of Business		
To (P) En	otal number of permaner lease include a copy of y nployer will:  Pay e D Share obationary period for ne	nt full-time eligible emplo your most recent quarter entire cost e cost with insureds: ew employees – the first	yees % of employ of the month follow	ree cost (25% minimum); ing:	% o e date □ 90 days	f dependent cost
	-	and provide a copy of a	-	overage through COBRA? nd completed application		□ No
В.	work because of a cur	rrent or approaching hosp	oital confinement, lea	proposed for coverage, di ave of absence, or are othe	erwise incapacita	ited? ☐ Yes ☐ No
Α.	Are you replacing exis	sting group insurance?	Yes 🗆 No Nam	e of Current Insurance Car	rier	
	Effective Date of Exist	ting Coverage	Reason fo	or Changing Carriers		
	If coverage was termin	nated, who terminated it?	P 🗆 Employer	☐ Carrier Termination [	Date	
В.				d by Workers' Compensat		□No

	Product applied for: ☐ Encore ☐ Bravo ☐ CBSA 50/50 ☐ Common Sense ☐						
Selection	Preferred Provider Plan  90/70% 980/60% 90/60% 80/50% Other			Prescription  Option1 Option2 Other	Office Visit     Option1     Option2     Other		
	In-Network Coinsurance Limit:						
Benefit Plan	Major Medical Deductible  \$250 \$300 \$500  \$1,000 \$2,000  Other	Maternity (Optional for groups of 2-14)  Yes No	Weekly Disability Income ☐ Yes ☐ No Amount		Dental □ Yes □ No □ Plan 1 (Ortho) □ Plan 2 (No Ortho)		
	Employee Life Insurance (Optional in	Yes 🔲 No	Dependent Life	☐ Yes ☐ No			
<b>G</b>	□ Flat Amount \$	☐ Earnings Sche ☐ 1x Earning ☐ 3x Earning	s 🔲 2x Earning	□ Class Sch Is <b>OR</b> \$25,0 \$15,0	000 Class 1		
sur	\$ is included with this application to be applied toward the premium when and if coverage is issued. The premium must be paid by the premium due date.						
n and Disclosure	Medical, dental and disability coverages are guaranteed renewable. However, your coverage could be canceled if the Insurer terminates all policies for this group class, or if you ● Fail to pay your premium ● Engage in fraud or misrepresentation ● Breach your contract ● Fail to meet minimum contribution or participation requirements ● Become ineligible as a group due to a) ceasing active business operations, b) losing status of legal entity, or c) moving the business to a state where this type of policy is not offered by the Insurer.						
Premium	The Insurer or the Administrator m coverage for one or more employee of an employee in your firm who capplication.	es of the group or the an provide necessary	entire group. Please ir clarification of the emplement	ndicate the name, title, ployee and group inforn	and telephone number mation provided on this		
0	Name	Position	Ty	elephone Number			
)	I hereby confirm that the precedin underwriting of these applications is material misrepresentations of facts may not be renewed. I further ag personnel records which may hav maintained.	g information is acco s predicated upon the s, coverage can be re- ree to and understar	urate to the best of manswers to the questions indeed, a retroactive and the right of the Insu	y knowledge and belie ns contained therein, ar djustment of premium r urer or the Administrate	f. I understand that the nd where there have been may be made or coverage or to inspect payroll and		
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	I hereby confirm that the precedin underwriting of these applications is material misrepresentations of facts may not be renewed. I further agpersonnel records which may hav maintained.  The undersigned hereby subscriber Trust known as the National Health the Insurer. It is understood and agunder any policy of insurance and to and payable by the Insurer issuin with the provisions of such policy(in assume the employer's responsibility).	ing information is access predicated upon the spredicated upon the spread of a predicated upon the spread of a predicate of a bearing on or bearing on or bearing on or bearing on or bearing on a prediction of a prediction of a property of a prediction of a property of a prediction of a predictio	urate to the best of manswers to the question scinded, a retroactive and the right of the Insurate the basis for any insured that the basis for any insured that the Trustee is benefits provided by ithe Trustee, but only the bod and agreed that the with the Consolidated the Trustee, Administration and administrator or field ERISA"), as amended ible and fully liable for imposed by ERISA, as a under any certificate	y knowledge and belie ns contained therein, ar djustment of premium rurer or the Administrative urance coverage requestions the terms and condition the terms and condition the terms and condition the terms and condition the extent provided in the extent provided in the extent provided in the Trustee, Administrated Omnibus Budget Recurstant and the Insurer, journed the terms and the Insurer, journed the extent provided in the extent	f. I understand that the nd where there have been may be made or coverage or to inspect payroll and ested, placed in force or one of the Declaration of ly falls, as determined by es it have any obligation for herein shall be made and in strict accordance or or the Insurer does not conciliation Act of 1986 intly or severally, are not see whatsoever under the addition, the employer and/or obligation to the rlaw, with respect to the up policy or policies. By		
Employer Certification	I hereby confirm that the preceding underwriting of these applications is material misrepresentations of facts may not be renewed. I further agpersonnel records which may have maintained.  The undersigned hereby subscribed Trust known as the National Health the Insurer. It is understood and agunder any policy of insurance and to and payable by the Insurer issuing with the provisions of such policy(is assume the employer's responsible (COBRA).  If approved, the employer understate now and shall not become under Employee Retirement Income Secunderstands and agrees the employer or the employer's employer or the employer's employer understands this coverage, an employer or the such duty and/or obligation employer or the employer's employer understands this coverage, an employer.	ing information is access predicated upon the spredicated upon the spread of a predicated upon the spread of a predicated upon or best to, adopts, and agreed by the undersigned by the underst lities for compliance and agrees that the Trust Agreement urity Act of 1974 ("byer is solely responsis created, required on the understand dependent contribution or its authorized Add dependent contribution of the understand that this part of the upon the understand that this part of the upon the understand that this part of the upon	urate to the best of manswers to the question scinded, a retroactive and the right of the Insurate to be bound by all dustry into which the uned that the Trustee is benefits provided by ithe Trustee, but only the bood and agreed that the with the Consolidated the Trustee, Administrator or fine ERISA"), as amended ible and fully liable for imposed by ERISA, as a under any certificate in Employee Welfare Planting and participation and participation and may contain a pre-early science of the contains a pre-early service of the cont	y knowledge and belie ns contained therein, ar djustment of premium rurer or the Administrate urance coverage requesting the terms and condition the terms and condition the terms and condition the terms and condition the exigned appropriate on the extent provided in the extent provided in the extent provided in the Trustee, Administrated Omnibus Budget Record ator and the Insurer, journey or any other law. In carrying out any duty amended, or any other issued under such grown, and may therefore the this application and requirements must be existing condition limital	f. I understand that the nd where there have been may be made or coverage or to inspect payroll and ested, placed in force or ons of the Declaration of ly falls, as determined by es it have any obligation for herein shall be made and in strict accordance or or the Insurer does not conciliation Act of 1986 intly or severally, are not see whatsoever under the addition, the employer and/or obligation to the rlaw, with respect to the up policy or policies. By see subject to compliance set an effective date. I met and maintained for tion and pre-certification		
	I hereby confirm that the preceding underwriting of these applications is material misrepresentations of facts may not be renewed. I further agpersonnel records which may have maintained.  The undersigned hereby subscribes Trust known as the National Health the Insurer. It is understood and agunder any policy of insurance and to and payable by the Insurer issuin with the provisions of such policy(is assume the employer's responsible (COBRA).  If approved, the employer understands and agrees the employer extent such duty and/or obligation employer or the employer's employer understands that only the Insurer understand that the employee and coverage to be in effect. I further understand that the employee and coverage to be in effect. I further understand that the employee and coverage to be in effect. I further understand that the employee and coverage to be in effect. I further understand that the employee and coverage to be in effect. I further understand that the employee and coverage to be in effect. I further understand that the employee and coverage to the employee and	ing information is access predicated upon the set of and understance a bearing on or	urate to the best of manswers to the question scinded, a retroactive and the right of the Insurate to be bound by all dustry into which the uned that the Trustee is benefits provided by ithe Trustee, but only the bood and agreed that the with the Consolidated the Trustee, Administrator or field ERISA"), as amended ible and fully liable for imposed by ERISA, as under any certificate in Employee Welfare Planting and participation and participation and participation and may contain a present and that the agent reputation and the agent reputation an	y knowledge and beliens contained therein, and djustment of premium rurer or the Administrative urance coverage requesting the terms and condition and an insurer, nor donsurance being applied to the extent provided in e Trustee, Administrated Omnibus Budget Record ator and the Insurer, jour duciary for any purpose, or any other law. In carrying out any duty amended, or any other issued under such grown, and may therefore law, and may therefore law this application and requirements must be existing condition limitativesents myself, not the	f. I understand that the nd where there have been may be made or coverage or to inspect payroll and ested, placed in force or ons of the Declaration of ly falls, as determined by es it have any obligation for herein shall be made and in strict accordance or or the Insurer does not conciliation Act of 1986 intly or severally, are not see whatsoever under the addition, the employer and/or obligation to the rlaw, with respect to the up policy or policies. By see subject to compliance set an effective date. I met and maintained for tion and pre-certification		

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I hereby certify • I asked all questions and accurately and fully recorded all information given by the applicant • I advised the applicant not to terminate existing coverage unless, and until, the administrator notifies him/her, in writing, that this application has been approved • I used only advertising approved by the Insurer to solicit this application, I told the applicant nothing inconsistent with the approved advertising about the benefits/coverage(s) • I didn't guarantee the Insurer's approval of the application or issuance of coverage(s) • I didn't tell the applicant that the Insurer will cover any pre-existing condition(s) • I made no false, misleading, or deceptive statements and complied with all applicable insurance laws, underwriting requirements, and the market/sales standards maintained by the Insurer.

I understand that I'm liable for my acts and omissions to the extent provided by law, I understand I have no authority to alter this application, bind the Insurer by making promises and/or representations, or to waive or change the terms, conditions, and/or provisions of the policy(ies) or any requirement imposed by the Insurer. I understand I represent the employer, not the Insurer.

Signature of Writing Agent	Date				
	Month	Day	Year		
Print Name					
Agent's Social Security Number					

## New Group Enrollment materials should include the following information:

- ✓ Employer's Subscription Agreement
- ✓ An Employee Application for each eligible employee
- ✓ A check for the first month's premium, made payable to CBSA
- ✓ Quote
- ✓ A copy of the group's most recent Quarterly Wage and Tax Report (Account for any employee that
  appears on the statement but did not enroll for coverage)
- ✓ A copy of the most recent prior carrier's bill (Account for any employee that appears on the bill but did not enroll for coverage)
- ✓ Each employee's effective date of coverage with the prior carrier for pre-existing credit
- ✓ Copies of HIPAA Certificates of Creditable Coverage for those employees/dependents who had health insurance with a carrier other than through the employer's plan

Medical, Dental and Disability Insurance Underwritten by

**Guarantee Trust Life Insurance Company** Glenview, Illinois

Life and AD&D Insurance Underwritten by

**Jefferson Pilot Financial Ins. Company** Omaha, Nebraska

Administered by



## CORPORATE BENEFIT SERVICES OF AMERICA, INC.

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