



Chicago, Illinois

Administrative Offices: Downers Grove, Illinois | Cleveland, Ohio | Dallas, Texas

APPLICANT INFORMATION - Full legal name of Policyholder	# of Years in Business
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Section 1. GENERAL INFORMATION

Product Choice (check all that apply)	Will this Policy replace an existing policy?	If yes, provide Carrier name (Note: a copy of the prior carrier's plan is required for claims administration)	Termination Date With Prior Carrier
<input type="checkbox"/> Group Term Life & AD&D	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Group Short-Term Disability (STD)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Product Choice	Prior Employment Credit for Rehires - No prior credit unless requested below. (Note: Prior Employment to Count for Employees Rehired Within 6 months)		
<input type="checkbox"/> Group Term Life & AD&D	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Group Short-Term Disability (STD)	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Section 2. SCHEDULE OF BENEFITS: GROUP LIFE/AD&D & SHORT TERM DISABILITY

2a. ELIGIBLE CLASSES - Describe Below

Class 1 _____

All active employees who work at least _____ (a minimum of 17.5 hours) per week are eligible for coverage. If blank, 30 hours per week will apply.

2b. SELECTION OF COVERAGE(S)

Life/AD&D - Choose one plan below:

Plan A: \$15,000 for each employee Cost: \$ 6.00 per employee per month

Plan B: \$25,000 for each employee Cost: \$10.00 per employee per month

Basic Group AD&D Benefit includes Education, Repatriation, Seat Belt and Air Bag Benefits

<u>Education Benefit</u>	<u>Seat Belt Benefit</u>	<u>Repatriation Benefit</u>
<input checked="" type="checkbox"/> 3% to a maximum of \$3,000 per year. Maximum Duration: <input checked="" type="checkbox"/> 4 years	<input checked="" type="checkbox"/> 10% to a maximum of \$25,000	<input checked="" type="checkbox"/> \$5,000
	<u>Air Bag Benefit</u>	
	<input checked="" type="checkbox"/> 5% to a maximum of \$5,000	

Short Term Disability - Non Occupation Coverage (Only Available If Life & AD&D Is selected)

Plan: (Please select one)

Benefits begin on the 1st day due to accident, 8th day due to sickness, and are payable up to 13 weeks.

Benefits begin on the 1st day due to accident, 8th day due to sickness, and are payable up to 26 weeks.

Benefit: (Please select one)

Flat \$200.00 per week, not to exceed 66 2/3% of the employee's basic weekly earnings.

Flat \$250.00 per week, not to exceed 66 2/3% of the employee's basic weekly earnings

STD: \$200/1-8-13 Plan: \$ 9.00 per employee per month STD: \$250/1-8-13 Plan: \$11.25 per employee per month

STD: \$200/1-8-26 Plan: \$11.20 per employee per month STD: \$250/1-8-26 Plan: \$14.00 per employee per month



Section 2: SCHEDULE OF BENEFITS: GROUP LIFE/AD&D (Cont.)

2c. GENERAL PROVISIONS (fill in all applicable blanks)

- 1. Persons not actively at work will not become covered until return to active work.
- 2. Seasonal employees are not eligible for coverage.
Persons who work less than the number of hours shown in 2a. above may not be insured.
- 3. Participation Requirements:
Basic Life and AD&D: 75% for Contributory Plans
100% for Noncontributory Plans .
- 4. Guarantee Issue (GI): Amounts in excess of the GI are subject to satisfactory evidence of insurability
Basic Life: \$25,000
- 5. Basic Group Life and AD&D benefits reduce by:
 35% of the original amount at age 65, and to 50% at age 70. All benefits terminate at retirement.
- 6. Life and AD&D benefits terminate at retirement unless otherwise noted in the Eligible Classes section.
- 7. Accelerated Death Benefit (ADB): 50% ADB \$150,000.
Min. ADB \$ 7,500;
- 8. Waiver of Premium: to age 65
- 9. Waiver of Premium Elimination Period: 9 months
- 10. Short Term Disability Benefits –
 - A. When should STD benefits begin? Following the elimination period(s)
 - B. STD benefits are payable for non-occupational disabilities only
 - C. If STD benefits are payable for less than a week, pro-rate at 1/7 of the weekly amount
 - D. Check here if any employees are located in CA HI NJ NY RI
 - E. STD coverage, if elected, is not in lieu of and does not satisfy an employer's obligation to provide coverage under any state compulsory disability benefit act or law.
 - F. STD benefit payments will be reduced by the amount the insured employee receives as disability income payments under any state compulsory benefit act or law.
 - G. Basic weekly earnings does not include bonuses, overtime or any other form of extra pay. If salary is based in part or in whole on commissions, basic annual salary will include the amount paid in commissions during the preceding 12 month period.
 - H. A W-2 Agreement must be completed and attached if STD coverage is elected.
 - I. STD coverage terminates at retirement.

Section 3: Remarks/Deviations

Applicable to

1. Group Life/AD&D _____

2. STD _____



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Section 4. GROUP ADMINISTRATION

A. Document Delivery – Please indicate below.

Document Delivery Via Email
[] Email Policy Documents and Certificates to Customer - the Group Administrator will receive the Policy and certificate documents via email. A Welcome notice email will provide instructions on downloading forms and Administrative Guides, available on our website.
Email address of person to receive documents: _____

[] Email Policy Documents Only to Group Administrator/Printed Certificates - the Group Administrator will receive the Policy documents via email plus a supply of printed certificates will be shipped to the address indicated below for Group Insurance. The Welcome notice email will provide instructions on downloading forms and Administrative Guides available on our website.
Email address of person to receive documents: _____
Shipping Printed Certificates / Address (no P.O. Box):
Company Name: _____ Attention: _____
Address: _____
City: _____ State: _____ ZIP: _____

[] Additional copy of policy/certificates to be sent to:
Name(s): _____ Email Address: _____
Name(s): _____ Email Address: _____

B. Billing - Type
[] Third Party Administration (TPA) - If TPA, please provide TPA name: _____
Is this a new FDL TPA? [] Yes [x] No If yes, a TPA Agreement, and copy of state license must be attached. Home Office approval must be obtained prior to submission.

Other Items

1. GROUPS WITH DISABILITY COVERAGE:
If the employee pays any portion of the premium, please indicate whether premium is deducted pre or post tax:
[] Pre-Tax [] Post-Tax
- If the Employee pays any portion of the premium on a post-tax basis, this portion of the benefit is not taxable.
- If the employee pays any portion of the premium on a pre-tax basis, this portion of the benefit is taxable.

W-2 AGREEMENT - You must complete a W-2 agreement if you have applied for disability coverage. Please ensure your W-2 agreement is complete and accurate prior to submission.

2. Other Special Requests:

3. For Any Implementation Questions Regarding This Submission Please Contact:
Name: _____ Phone: _____
Email Address: _____

Signature of Benefit Administrator

Date