GROUP APPLICATION

Service
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COMMITMENT

Companion Life

A Lifetime of Commitment

Companion Life Insurance Company
P.O. Box 100102
Columbia, SC 29202-3102
1-800-753-0404

APPLICATION FOR GROUP LIFE, AD&D, SHORT TERM AND LONG TERM DISABILITY INSURANCE, VOLUNTARY STD AND LTD

EMPLOYER INFORMATION

1. FULL LEGAL NAME OF EMPLOYER (as it should appear in policy) _____

   Telephone Number ( ) _____ (Area Code)

   Full Years in Business: _____

2. EMPLOYER'S FEDERAL TAX ID NUMBER _____

   Email Address: _____

   Type of Business: _____ (i.e.: Partnership, Sole Proprietorship, Corporation, etc.)

3. ADDRESS Street _____ Post Office Box _____ ZIP _____

   City _____ County _____ State _____ ZIP _____

4. ADMINISTRATIVE CORRESPONDENCE with the applicant should be addressed to:

   Name _____ Title _____

5. NATURE OF BUSINESS _____

6. REQUESTED EFFECTIVE DATE (12:01 a.m.): _____ , 20 _____

7. PREMIUMS ARE TO BE PAID MONTHLY.

8. Are there subsidiary or affiliate businesses covered under this plan? ☐ Yes ☐ No
   If YES, please state name and nature of each subsidiary or affiliate: _____

   Are separate billings required? ☐ Yes ☐ No If YES, please provide billing instructions: _____

9. Type of Administration: ☑ Home Office administered ☐ Group Administered (minimum 250 lives) ☐ MGU/TPA/GBA Administered

10. Will the requested insurance replace existing insurance? ☐ Yes ☐ No If YES, give coverage, name of existing carrier, and proposed termination date: _____

EMPLOYEE ELIGIBILITY

11. The normal work week for full-time employees is 30 hours.
    Eligibility: All regular full-time employees working a minimum of 30 hours per week.
    (The minimum work week for full-time employees to be eligible for benefits is 30 hours. Employees working fewer than 30 hours per week may be acceptable for Life and STD. Contact Companion Life for approval. LTD requires a minimum of 30 hours per week.)

12. The employee waiting period for participation is:
    - ☐ None (effective on next billing date).
    - ☐ After ____ days of continuous employment (30, 60, etc.).
    - ☐ After ____ months of continuous employment (1, 2, etc.).

13. Current eligible employees are to be covered immediately.

14. Employees hired after the plan effective date are to be covered:
    - ☐ First of the month following completion of the waiting period.
    - ☐ Fifteenth of the month following completion of the waiting period.

15. Number of Eligible Employees: _____

16. Number of Enrolled Employees: _____

17. SCHEDULE OF BENEFITS (If space provided is inadequate, please attach additional page.)

CLASS DEFINITIONS (Describe Below)	BASIC LIFE /AD&D	SHORT TERM DISABILITY	LONG TERM DISABILITY	VOLUNTARY STD	VOLUNTARY LTD
All active full-time employees	$15,000	$100	N/A	N/A	N/A
Percent of Premium Paid by Employer	100 %	100 %	N/A %	N/A %	N/A %

If a Section 125 Plan is in effect please complete Question 20.

SPECIFICATIONS FOR INSURANCE

18. Are there any ineligible classes or divisions? ☐ Yes ☐ No If YES, please describe: _____

_____

19. Are any eligible employees disabled at this time? ☐ Yes ☐ No If YES, please describe: _____

_____

20. Is a Section 125 Plan in effect? ☐ Yes ☑ No

If yes, please indicate which Companion Life Benefits will be subject to the Section 125 Plan and note the employer's and employee's contributions.

☐ Life & AD&D	☐ STD	☐ LTD	☐ Dental	☐ Voluntary Life	☐ Voluntary STD	☐ Voluntary LTD	☐ Voluntary Dental
ER_____%	ER_____%	ER_____%	ER_____%	ER_____%	ER_____%	ER_____%	ER_____%
EE_____%	EE_____%	EE_____%	EE_____%	EE_____%	EE_____%	EE_____%	EE_____%

21. BASIC LIFE AND AD&D BENEFITS reduce as follows (select one):

☐ 35% at age 65, 50% at age 70, and then 75% at age 75. Benefits terminate when employee is no longer actively at work.

☐ 35% at age 65, 50% at age 70. Benefits terminate when employee is no longer actively at work.

☐ _____% at age _____ and then _____% at age _____ and then _____% at age _____.
Benefits terminate when employee is no longer actively at work.

22. BASIC LIFE AND AD&D guaranteed issue amount: $ 15,000

23. DEPENDENT LIFE BENEFITS ☐ Yes ☑ No

A. Spouse Amount: $ _____ (Cannot exceed the lesser of 50% of employee's Life amount or $10,000.)

B. Maximum Child Amount: $ _____ (Cannot exceed the lesser of 50% of employee's Life amount or $10,000.)

C. Coverage for children continues until age _____, or until age _____ if a full-time student.

D. Percent of Premiums paid by Employer: _____%

24. SHORT TERM DISABILITY (STD) BENEFITS ☑ Yes ☐ No (Excludes Occupational injury or sickness)

A. Benefits are payable from 15 day accident and 15 day sickness for maximum of 13 weeks.

B. For Benefits expressed as a Flat Amount, the Maximum Benefit will be the lesser of the Flat Amount or 70% of weekly earnings.

25. VOLUNTARY STD ☐ Yes ☑ No Buy-Up Plan ☐ Yes (Select benefit plan below. Must match STD Plan #24A above.)

A. Enrollment minimum of 5 employees

B. Full Maternity coverage is included

C. $10,000 Accidental Death Benefit is included

D. A 12/12 Pre-existing condition exclusion applies

E. Voluntary STD coverage excludes Occupational injury or sickness

F. The coverage is not available if another STD program from Companion Life is in force (except Buy-Up Plan).

G. Buy-Up Plan: Employer purchases $100/wk STD Plan for all eligible employees.

H. Employer's Plan Selected: **1st Plan** ☐ (Enter plan number in box.)

2nd Plan (if applicable) ☐ (Only for employers with 100 or more eligible employees)

Buy-Up Plan Option (if selected) ☐ (Employees may purchase additional Voluntary STD benefit.)

Plan Selected	Benefits Begin Accident	Benefits Begin Sickness	Duration
Plan 1	1st Day	8th Day	13 Weeks
Plan 2	8th Day	8th Day	13 Weeks
Plan 3	15th Day	15th Day	13 Weeks
Plan 4	1st Day	8th Day	26 Weeks
Plan 5	8th Day	8th Day	26 Weeks
Plan 6	15th Day	15th Day	26 Weeks
Plan 7	15th Day	15th Day	52 Weeks
Plan 8	30th Day	30th Day	52 Weeks

26. TRUE GROUP LONG TERM DISABILITY BENEFITS ☐ Yes ☑ No

A. Benefits are payable after an Elimination Period of _____ days. B. Benefits are _____ % of Basic Monthly Earnings.

C. Maximum Monthly Benefit is not to exceed $ _____. D. Minimum Monthly Benefit is $ _____.

E. Maximum Benefit period will be: ☐ To Age 65 (Reducing Benefit Duration) ☐ 5 Years ☐ 2 Years

F. Own Occupation Definition: ☐ 2 Year ☐ 3 Year ☐ 5 Year ☐ Extensive (to age 65)

G. Benefit integration will be as follows: ☐ Primary and Family Social Security (standard) ☐ Primary Social Security

H. Optional Policy Features to be included are specified as follows: _____

_____

_____

I. Pre-Existing Condition Limitation: (10-24 Lives)

Standard: 12/6/24 not available in CO, FL, MD, MS, MT, PA, SC, WI, WV

FL & PA: 3/6/12

Others: 12/12

(25+ Lives)

Standard: 3/6/12

27. VOLUNTARY LONG TERM DISABILITY BENEFITS ☐ Yes ☑ No

Companion Cornerstone Plan

A. Maximum Benefit period will be: ☐ Two Years/Reducing Benefit Duration ☐ Five Years/Reducing Benefit Duration, or ☐ Age 65/RBD

B. Elimination Period: ☐ 90 days ☐ 180 days ☐ Other _____

C. All employees receive coverage equal to _____% of their earnings to a maximum monthly benefit of $_____, limited to a maximum of $6,000.

D. Pre-Existing Condition Limitation: (10-24 Lives)

Standard: 12/6/24 not available in CO, FL, MD, MS, MT, PA, SC, WI, WV

FL & PA: 3/6/12

Others: 12/12

28. SPECIAL REQUESTS/INSTRUCTIONS: Part of BCBSD Delaware State Chamber of Commerce Program

EMPLOYER'S SIGNATURE

PLEASE READ CAREFULLY

Quotations were based on the proposal data submitted to Companion Life. Final premium rates will be determined on the basis of the actual composition of the group of persons who become insured.

If the initial deposit is at least equal to the first month's premium, and if the requested insurance is acceptable under Companion Life's current rules and practices, insurance under the terms of the policy shall be effective on the effective date requested. Otherwise, insurance becomes effective only when a policy is delivered and accepted in writing. In the interim, liability is limited to a return of the original deposit. Only Companion Life's home office has the authority to guarantee the acceptability of the requested insurance.

Dated at _____ (City/State) this _____ day of _____, 20 _____

_____ (Signature of Employer) _____ (Title) _____ (Witness)

AGENT'S REPORT

29. INITIAL DEPOSIT (Minimum first month's premium is required.): $ _____

30. Are all the employees to be insured for Disability Income covered by Workers' Compensation? ☐ Yes ☐ No
If NO, explain: _____

31. Have you explained to the employer that an employee not actively at work on the policy effective date will not be covered until such employee returns to active work full time unless approved in writing by an underwriter or officer of Companion Life?

☐ Yes ☐ No Remarks: _____

32. Is there another group insurance plan(s) which duplicates any of the benefits applied for with this application that will remain in force or be placed concurrently with this plan(s)? ☐ Yes ☐ No If YES, please describe the benefit amounts and purpose(s) of this plan(s): _____

_____

33. Is Agent or Broker licensed in the State of this group for the types of insurance solicited? ☐ Yes ☐ No

34. To the best of the Agent's or Broker's knowledge, replacement ☐ is ☐ is not involved with this transaction.

35. Print name of Agent/Broker _____

36. Signature of Agent/Broker _____ Date _____

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.