



SMALL GROUP INSURANCE APPLICATION (GIIM)

P.O. Box 1650
Little Rock, Arkansas 72203

Type or Print in Black Ink

SECTION I. GROUP INFORMATION:

1. Legal Name of Policyholder:		2. Taxpayer ID#:		3. Effective Date of Coverage:		
4. Type of Company: <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> PC <input type="checkbox"/> S-Corp <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Government <input type="checkbox"/> Other _____						
5. Nature of Business		6. SIC Code	7. Name of Subsidiary or Affiliate Companies to be Covered		8. SIC Code/Affiliate	
9. Mailing Address of Policyholder			City	State	Zip+4	
10. Contact Information at Company: <input type="checkbox"/> Benefits or <input type="checkbox"/> Billing Contact Person _____ Phone/Fax Number () _____ E-mail Address _____ Web Address _____						
11. Class Definitions. Small Group is limited to three classes with a minimum of 2 employees/class. <i>Voluntary plans are limited to one class.</i>						
Class	Life	LTD	Grp.	Vol.	Description of Class	Waiting Period, if Different
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
12. Do you have any employees located in states other than the Policyholder's main address? (If yes, please indicate states below) <input type="checkbox"/> Yes <input type="checkbox"/> No _____				13. Billing Method: <input type="checkbox"/> On-Line Billing		
14. Total number of eligible employees: Group: _____ Voluntary: _____		15. Total number of employees enrolled: Group: _____ Voluntary: _____		16. Employer contribution: Group: _____ Voluntary: _____		
17. Waiting Period: <input type="checkbox"/> First of the following month after completion of _____ days, or <input type="checkbox"/> Day following Hire Date (VLTD requires a 30 day minimum waiting period.)				18. Minimum hours per week: Group: _____ Voluntary: _____		
19. Eligible Waiting Period Applies to: <input type="checkbox"/> Future Employees Only <input type="checkbox"/> Present & Future Employees <i>Does the waiting period apply to employees rehired within 12 months of their termination date</i> <input type="checkbox"/> Yes <input type="checkbox"/> No					19a. Annual Enrollment date for Voluntary Coverage: _____	
20. Replacement: Are any of the following a replacement of similar coverage? <i>If prior coverage, please include a copy of the prior carrier's plan.</i>						
Yes	No	Grp.	Vol.	Coverage	If Yes, Previous Carrier	Termination Date
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Life & AD&D Insurance		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Long Term Disability		

SECTION II. EMPLOYER BENEFIT OPTIONS: FOR GROUPS WITH 2 TO 50 ELIGIBLE EMPLOYEES

SELECT COVERAGES THAT BEST MEET THE GROUP'S NEEDS. Term Life/AD&D is required for LTD purchase.

STEP 1: Select the Life/AD&D and LTD Coverage for the Employees and the Class Applicable for that Amount

Group Term Life and AD&D Insurance				Group Long Term Disability					
Choice	Class (Circle one)	No. of ee's	Term Life and AD&D Benefit	Choice	Class (Circle one)	No. of ee's	LTD Benefit	Elimination Period	
								30 Day	60 Day
<input type="checkbox"/>	1, 2, 3	_____	\$15,000	<input type="checkbox"/>	1, 2, 3	_____	\$500	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	1, 2, 3	_____	\$20,000	<input type="checkbox"/>	1, 2, 3	_____	\$750	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	1, 2, 3	_____	\$25,000	<input type="checkbox"/>	1, 2, 3	_____	\$1,000	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	1, 2, 3	_____	\$35,000	<input type="checkbox"/>	1, 2, 3	_____	\$1,500*	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	1, 2, 3	_____	\$40,000*	<input type="checkbox"/>	1, 2, 3	_____	\$2,000*	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	1, 2, 3	_____	\$50,000*						

*Requires a minimum of 5 eligible employees participating. Amounts between classes may not exceed 2x the lower amount.

STEP 2: Select Enhancements to the Group Coverages			
<input type="checkbox"/>	Dependent Life Coverage: Spouse/child: \$5,000/\$2,000 (<i>Child coverage from 14 days to 6 months is limited to \$100</i>)	<input type="checkbox"/>	Double the amount of the AD&D benefit.
SECTION III. EMPLOYEE BENEFIT OPTIONS (VOLUNTARY PLANS): FOR GROUPS WITH 10 TO 50 ELIGIBLE EMPLOYEES			
<i>Instructions: Group must elect Group Term Life/AD&D if VGTL/VAD&D or VLTD is desired. The employer cannot offer both group LTD and voluntary LTD.</i>			
<input type="checkbox"/> Voluntary* Term Life & AD&D	Benefits		
Employee (Life & AD&D)	<i>Available amounts from \$20,000 to \$50,000 in \$10,000 increments</i>		
Dependent (Life only - spouse/child)	<i>Available amounts of \$10,000/\$5,000 or \$20,000/\$10,000</i>		
<input type="checkbox"/> Voluntary* LTD	<input type="checkbox"/> 30 or <input type="checkbox"/> 60 Day Elimination Period	<i>The employer elects one elimination period and one monthly benefit amount for all employees. The employee elects to purchase.</i>	
Available Monthly Benefit Amounts	<input type="checkbox"/> \$500; <input type="checkbox"/> \$750; <input type="checkbox"/> \$1,000; <input type="checkbox"/> \$1,500		
<i>*All voluntary plans require a minimum of 10 eligible employees, with a minimum of 5 participating or 25%, whichever is greater</i>			
TERM LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT FEATURES:			
Group and Voluntary AD&D Riders		Benefits reduce by the following amounts on the insured's birthday*	
<i>Group & Voluntary Plans</i>	<i>Voluntary Plans</i>	Reduction at Age of Employee	
<input checked="" type="checkbox"/> Seat Belt /Air Bag	<input checked="" type="checkbox"/> Special Education	Age 65	Age 70
<input checked="" type="checkbox"/> Coma	<input checked="" type="checkbox"/> Spouse Training	<input checked="" type="checkbox"/> 35%	<input checked="" type="checkbox"/> 50%
<input checked="" type="checkbox"/> Repatriation		* Benefits for the covered person(s) terminate when no longer eligible or at retirement, whichever comes first.	
<input checked="" type="checkbox"/> Exposure and Disappearance			
LONG TERM DISABILITY FEATURES:			
Disability Definition: Earnings / Occupation Test (80/20);24 month own occupation		Drug & Mental Illness Limitation: 24 Month Lifetime Benefits	
Benefits Duration: 24 months (Group & Voluntary)		Benefit Percentage: Flat benefit not to exceed 60% of pre-disability earnings	
Pre-existing Condition: Group LTD: 3/12; Voluntary LTD: 12/6/24		Integration: non-integrated; Voluntary amounts above \$1,000 are integrated.	
W-2 Service Options for Long Term Disability			
<input type="checkbox"/> Option 1: Withhold Federal income Taxes and the employee's portion of FICA. Prepare and File W-2 Forms.			
<input type="checkbox"/> Option 2: Withhold Federal income Taxes and the employee's portion of FICA. Policyholder waives W-2 Forms Services.			
<i>A detailed description of the W-2 services elected by the Policyholder pursuant to this application will be sent to the Policyholder by mail. Such services will be performed in accordance with the above election and established standard procedures.</i>			
SECTION IV. AUTHORIZATION:			
REMARKS OR SPECIAL PROVISIONS:			
The undersigned employer and /or authorized representative hereby request that it be approved for insurance coverage through USABLE Life and agrees to comply with all terms and provisions of the Group Policy (ies) issued in response to this application.			
It is understood and agreed that this application shall be made a part of the policy or policies applied for and that no insurance shall be effective until approved by USABLE Life.			
Warning: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.			

Dated at (City & State)

Date

Signature of Policyholder and Title

Name of Licensed Agent/Producer

Signature of Licensed Agent/Producer

For Home Office Use Only

Group #