

**Underwritten by Kanawha Insurance Company, a KMG America Company**

*This form is for use with employer groups or when employment is an eligibility requirement for coverage.  
(Otherwise, use form series \_\_\_\_\_ for non-employer groups.)*

**Proposed Policyholder Information (Type or Print):**

Full legal name of Proposed Policyholder: \_\_\_\_\_

Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_

Principal Office (Street, City, State, ZIP): \_\_\_\_\_

Mailing Address (if different than Principal Office): \_\_\_\_\_

Taxpayer Identification Number (TIN): \_\_\_\_\_ Situs State: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Title: \_\_\_\_\_

Contact Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ Contact Email: \_\_\_\_\_

Nature of Business (including SIC Code): \_\_\_\_\_

If employees of subsidiary or affiliated companies (companies under common control through stock ownership, contract or otherwise) are to be included, list legal names and addresses of such companies and the nature of their businesses. (Attach additional sheet if necessary.)

Advance Premium (This will be refunded if the Policy is not approved.): \_\_\_\_\_

Requested Effective Date (subject to Company approval and receipt of the required accompanying documents): \_\_\_\_\_

Type of Billing:  Self-Billed  List-Billed

Premium Mode:  Monthly  Other \_\_\_\_\_

Is eligibility for Experience Refunds applied for?  Yes  No

(Available to groups with a minimum annual premium of \$ \_\_\_\_\_ and covering \_\_\_\_\_ or more Employees, subject to Company approval.)

As of the date of this Application, list any employees currently disabled and not actively at work:

Number of Active Employees: \_\_\_\_\_

Retiree Coverage:  Yes  No

Number of Retiree Lives: \_\_\_\_\_

Projected number or percentage of Employees to be Covered: \_\_\_\_\_

# Master Application for Group Term Life Insurance

# Kanawha Insurance Company

**Eligibility** (Applicant may attach an extra sheet to provide additional class definitions and waiting periods.):

■ **Definition Eligible Employee (by class)**

Class I \_\_\_\_\_

Class II \_\_\_\_\_

Class III \_\_\_\_\_

■ **Actively at Work Definition:**

Class I \_\_\_\_\_ hours per  week  month  other (define) \_\_\_\_\_

Class II \_\_\_\_\_ hours per  week  month  other (define) \_\_\_\_\_

Class III \_\_\_\_\_ hours per  week  month  other (define) \_\_\_\_\_

■ **Waiting Period, Current Employees:**

Class I  Eligible on date of employment  Eligible after active employment for \_\_\_\_\_ days

Class II  Eligible on date of employment  Eligible after active employment for \_\_\_\_\_ days

Class III  Eligible on date of employment  Eligible after active employment for \_\_\_\_\_ days

■ **Waiting Period, Rehired Employees:**

Class I  Eligible on date of employment  Eligible after active employment for \_\_\_\_\_ days

Class II  Eligible on date of employment  Eligible after active employment for \_\_\_\_\_ days

Class III  Eligible on date of employment  Eligible after active employment for \_\_\_\_\_ days

■ **Eligible Spouses:**

Between the ages of \_\_\_\_\_ and \_\_\_\_\_ years

■ **Eligible Children:**

Between ages of \_\_\_\_\_ days and \_\_\_\_\_ years

Between ages of \_\_\_\_\_ days and \_\_\_\_\_ years if full-time student

■ **Effective Dates for Changes in Amounts of Coverage (subject to Kanawha's approval):**

Increases/decreases due to change in Class will be:  effective on the first day of the month following the date of change

other (define) \_\_\_\_\_

Increases/decreases requested by Employee will be:  effective on the first day of the month following the date requested

other (define) \_\_\_\_\_

Increases (with Evidence of Insurability) requested by Employee will be:

effective on the first day of the month following approval date

other (define) \_\_\_\_\_

Decreases due to age will be:  effective on the first day of the month following age change

other (define) \_\_\_\_\_

■ **Evidence of Insurability Required:**

Class I Employees: If amount of Basic plus Supplemental Life Insurance applied for exceeds [\$ \_\_\_\_\_]

Class II Employees: If amount of Basic plus Supplemental Life Insurance applied for exceeds [\$ \_\_\_\_\_]

Class III Employees: If amount of Basic plus Supplemental Life Insurance applied for exceeds [\$ \_\_\_\_\_]

# Master Application for Group Term Life Insurance

## Kanawha Insurance Company

### Eligibility – continued:

Coverage Requested:		Check Benefits Requested	Employee Contribution Percentage	Benefit Amount (Enter Class and Amount)
Employee	Basic Term Life Insurance	<input type="checkbox"/>	%	
	Supplemental Term Life Insurance	<input type="checkbox"/>	%	
	Basic AD&D	<input type="checkbox"/>	%	
	Supplemental AD&D	<input type="checkbox"/>	%	
Spouse	Basic Term Life Insurance	<input type="checkbox"/>	%	
	Supplemental Term Life Insurance	<input type="checkbox"/>	%	
	Basic AD&D	<input type="checkbox"/>	%	
	Supplemental AD&D	<input type="checkbox"/>	%	
Child(ren)	Basic Term Life Insurance	<input type="checkbox"/>	%	
	Supplemental Term Life Insurance	<input type="checkbox"/>	%	
	Basic AD&D	<input type="checkbox"/>	%	
	Supplemental AD&D	<input type="checkbox"/>	%	
Portability		<input type="checkbox"/>		

Coverage Requested – Optional Benefits:	Check Benefits Requested	Employee Contribution Percentage	Comments
Waiver of Premium	<input type="checkbox"/>	%	
Accelerated Benefit for Terminal Illness	<input type="checkbox"/>	%	
AD&D Benefits: Paralysis Benefit	<input type="checkbox"/>	%	
Transportation Benefit	<input type="checkbox"/>	%	
Seatbelt & Airbag Benefit	<input type="checkbox"/>	%	
Coma Benefit	<input type="checkbox"/>	%	
Common Carrier Benefit	<input type="checkbox"/>	%	
Occupational Assault Benefit	<input type="checkbox"/>	%	
Special Education/Training			
<input type="checkbox"/> Insured Only <input type="checkbox"/> Spouse Only			
<input type="checkbox"/> Insured & Spouse	<input type="checkbox"/>	%	
Licensed Day Care Benefit (Child/Children only)	<input type="checkbox"/>	%	

**Special Requests:** The Proposed Policyholder should check this box and attach a signed additional sheet or letter if custom dating, face amounts, etc. are desired.

# Master Application for Group Term Life Insurance Kanawha Insurance Company

## Important Information, Representations and Understandings:

For purposes of the Employee Retirement Income Security Act of 1974 (ERISA), the Policyholder, and not the Company or any of its affiliates, is the Plan Sponsor, Plan Administrator and Named Fiduciary. The Company does not have nor does it assume, either expressed or implied responsibility for the Policyholder's obligations or compliance under ERISA, COBRA or any other applicable federal or state law, regulation or rule.

*Any person who, with the intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be subject to prosecution and punishment for insurance fraud.*

**I REPRESENT**, on behalf of the Proposed Policyholder, that the statements in this Application, and other information provided to the Company for the purposes of underwriting the Policy, are complete and true to the best of my knowledge and belief. All statements will be deemed representations and not warranties, and no such statement shall be used to contest the validity of the Policy or of a claim unless it is contained in this Application.

**I UNDERSTAND THAT** the Policy will not become effective until: 1) approved and issued by the Company; and 2) the first premium is paid.

Dated at \_\_\_\_\_ State of \_\_\_\_\_ Date: \_\_\_\_\_, 2 \_\_\_\_\_

Signature, Authorized Officer of Proposed Policyholder \_\_\_\_\_

Title (Please Print) \_\_\_\_\_

Signature, Licensed Insurance Producer: \_\_\_\_\_ Date: \_\_\_\_\_

Producer License Number/State \_\_\_\_\_

Telephone ( \_\_\_\_\_ ) \_\_\_\_\_

E-Mail \_\_\_\_\_

*Producer must be appropriately licensed and appointed by the Company.*