

**STANDARD INSURANCE COMPANY**

Underwriting – Regional Accounts  
900 SW Fifth Ave. Portland, OR 97204-1282

**Application for Group Insurance**  
**For Use in AR, CO, DC, KY, LA, MD, NM, OH, OK, PA, TN, WA**

Please type or print.

**REQUESTED EFFECTIVE DATE** \_\_\_\_\_

**APPLICANT — Full Legal Name of Group** (Exactly as it is to be shown in the policy.) \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_ FAX Number ( \_\_\_\_\_ ) \_\_\_\_\_

Group Contact \_\_\_\_\_ Contact's Title \_\_\_\_\_

Contact's Phone No. if different ( \_\_\_\_\_ ) \_\_\_\_\_ Contact's FAX No. if different ( \_\_\_\_\_ ) \_\_\_\_\_

**Nature of Business** \_\_\_\_\_

**INSURANCE COVERAGE REQUESTED**

- Life Only             Supplemental Life             Dental/Employees             LTD             Eye Care
- Life & AD&D         Additional/Optional Life     Dental/Employees and Dep(s)  STD             \_\_\_\_\_
- Dependent Life     AD&D Only                     Dental/Orthodontia         LTD with Transitional Duty Agreement
- Dependents Life and AD&D

**OTHER INSURANCE**

A. Does this insurance supplement other insurance?  Yes  No  
If yes, specify for each line of coverage and Insurance Carrier: \_\_\_\_\_

B. Does this insurance replace existing insurance?  Yes  No  
If yes, specify for each existing line of coverage: \_\_\_\_\_

- Please submit a copy of each in force policy, certificate or plan document.

Effective date of Prior Plan: \_\_\_\_\_ Termination date of Prior Plan: \_\_\_\_\_

**ACTIVE WORK REQUIREMENT:** A person must meet an Active Work requirement to become insured. Members who have not met an Active Work requirement are not insured until returning to work for one full day and meeting all other contractual requirements.

**Initial:** \_\_\_\_\_

*Note: Some members who do not meet an Active Work requirement may be eligible for Waiver of Premium with a prior carrier.*

**APPLICANT AGREES THAT: I hereby apply for Group Insurance as provided in the attached proposal.**

The above information is true and correct to the best of the Applicant's knowledge and belief. It forms the basis for this request for group insurance.

If the requested insurance is acceptable to Standard Insurance Company under its current rules and practices and is legally permissible, a Group Policy will be issued in the language customarily used by Standard. It will be effective on the date determined by Standard. No producer has the authority to guarantee the acceptability of the requested insurance.

Standard may issue separate Group Policies if more than one coverage is requested in this Application. The insurance, if approved, will be subject to Standard Insurance Company's usual underwriting requirements, including the exclusions and limitations in the Group Policy and, if applicable, Evidence Of Insurability. The effective date of insurance for which a person is required to submit satisfactory Evidence Of Insurability will be determined in accordance with the terms of the Group Policy, subject to the Active Work requirement. No premiums will be collected or paid by the Applicant for such insurance until notification of approval.

No material describing coverage under the Group Policy will be distributed by the Applicant to any person to be insured without the prior written consent of Standard Insurance Company.

Premium rate quotations were based on data submitted to Standard. Final premium rates will be determined by the actual composition of the group.

The consideration for any Group Policy which may be issued is this Application and the payment of premiums. Payment of premium after receipt of the Group Policy is acceptance of the terms of the Group Policy.

This Application is made a part of the Group Policy.

Applicant authorizes the producer, broker of record, or consultant to receive information regarding the applicant's claims status and experience that the applicant has a right to receive and which is reasonably necessary to assist the applicant in conducting a review of the information.

I acknowledge that I have read and understood the Fraud Notice on the back of this form.

Signature and Title of Applicant's Authorized Representative \_\_\_\_\_

Date \_\_\_\_\_

(Must be signed or submitted prior to the requested effective date.)

Initial Deposit \$ \_\_\_\_\_

**STANDARD INSURANCE COMPANY**

**Receipt for Initial Deposit**

Underwriting – Regional Accounts  
900 SW Fifth Ave. Portland, OR 97204-1282

Received from \_\_\_\_\_, an initial deposit  
of \$ \_\_\_\_\_ \* in connection with the Application for Group Insurance bearing the same date as this conditional receipt.

Date \_\_\_\_\_

***This receipt is subject to the terms and conditions below.***

Received By

\_\_\_\_\_  
Name Title

\*All premium checks must be made payable to Standard Insurance Company.

Do not make check payable to the producer or leave payee blank.

***Terms of Receipt (Please read carefully.)***

*If the requested insurance is acceptable to Standard Insurance Company under its current rules and practices and is legally permissible, a Group Policy will be issued in the language customarily used by Standard. It will be effective on the date determined by Standard. No producer has the authority to guarantee the acceptability of the requested insurance.*

*Standard may issue separate Group Policies if more than one coverage is requested in this Application. The insurance, if approved, will be subject to Standard Insurance Company's usual underwriting requirements, including the exclusions and limitations in the Group Policy and, if applicable, Evidence Of Insurability. The effective date of insurance for which a person is required to submit satisfactory Evidence Of Insurability will be determined in accordance with the terms of the Group Policy, subject to the Active Work requirement. No premiums will be collected or paid by the Applicant for such insurance until notification of approval.*

*No material describing coverage under the Group Policy will be distributed by the Applicant to any person to be insured without the prior written consent of Standard insurance Company.*

*Premium rate quotations were based on data submitted to Standard. Final premium rates will be determined by the actual composition of the group.*

*The consideration for any Group Policy which may be issued is this Application and the payment of premiums. Payment of premium after receipt of the Group Policy is acceptance of the terms of the Group Policy.*

*This Application is made a part of The Group Policy.*

**FRAUD NOTICES**

For use in ARKANSAS, DISTRICT OF COLUMBIA, KENTUCKY, LOUISIANA, NEW MEXICO, OHIO, OKLAHOMA TENNESSEE, WASHINGTON: Some states require us to inform you that any person who knowingly and with intent to injure, defraud or deceive an insurance company, or other person, files a statement containing false or misleading information concerning any fact material hereto commits a fraudulent insurance act which is subject to civil and/or criminal penalties, depending upon the state. Such actions may be deemed a felony and substantial fines may be imposed.

For use in COLORADO: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or producer of an insurance company who knowingly provides false, incomplete, or misleading facts or information to the policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

For use in MARYLAND: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

For use in PENNSYLVANIA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.