

**CHARTIS**   
(An AIG Company)  
**Accident & Health Division**

**Policy No. BSC 9035635**

**PARTICIPATING EMPLOYER APPLICATION**  
is hereby made by

1. **EMPLOYER:** \_\_\_\_\_  
\_\_\_\_\_  
(Correct Legal Name)

2. **ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_  
(Include Zip Code)

3. **TRUST:** The above employer requests participation under Group Policy # BSC 9035635

4. **ELIGIBILITY:**

| <b>Class</b> | <b>Description of eligible persons</b> |
|--------------|--|
| _____        | _____                                  |
| _____        | _____                                  |
| _____        | _____                                  |
| _____        | _____                                  |
| _____        | _____                                  |

\* “Active, Full-time” means an employee is a permanent employee who works at least 30 hours a week.

5. **COVERAGE EFFECTIVE DATE:**  
Coverage shall be effective on: The Effective Date of the Master Policy or on the date the Employee becomes eligible under this Application, Whichever occurs later.

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6. **PLAN OPTION:**

(Select One)

\_\_\_\_\_ AD&D with Seat Benefit, Paralysis Benefit, Rehabilitation Benefit, Travel Assistance Services, Emergency Evacuation Benefit and Repatriation of Remains Benefit.

\_\_\_\_\_ AD&D with Family Option (which includes Educational Benefit and Day Care Benefit) plus Seat Belt Benefit, Paralysis Benefit, Rehabilitation Benefit, Travel Assistance Services, Emergency Evacuation Benefit and Repatriation of Remains Benefit.

7. **PRINCIPAL SUM AMOUNT:**

| <u>Class</u> | <u>Principal Sum</u> |
|--------------|----------------------|
| _____        | _____                |
| _____        | _____                |
| _____        | _____                |
| _____        | _____                |

8. **PREMIUM:**

This is determined by the Plan Option that is selected.

Option 1:                      Employee Only: \$\_\_\_\_\_ per \$1,000 per Month

Option 2:                      Employee Only: \$\_\_\_\_\_ per \$1,000 per Month  
    Family Plan        \$\_\_\_\_\_ per \$1,000 per Month

9. **EFFECTIVE DATE:**

To be Effective on the 1<sup>st</sup> day of \_\_\_\_\_, 20\_\_\_\_;  
 Provided this application has been accepted in writing by Chartis Insurance Company.  
 It is agreed that the Coverage cannot become effective until an initial premium has been paid.

Dated at: \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Participating Employer: \_\_\_\_\_