



COMPANION LIFE INSURANCE COMPANY  
PO Box 100102, Columbia, SC 29202-3102

**COMPANION LIFE MASTER APPLICATION**

New Group Application  Coverage Change

Effective Date \_\_\_ / \_\_\_ / \_\_\_\_\_

Group Number \_\_\_\_\_

**EMPLOYER INFORMATION**

1. Company Name \_\_\_\_\_ 2. Contact \_\_\_\_\_  
 3. Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 4. Telephone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ E-mail \_\_\_\_\_  
 5. Tax ID Number \_\_\_\_\_ - \_\_\_\_\_ 6. SIC/Nature of Business \_\_\_\_\_

**ELIGIBILITY All Groups**

7. Normal work week for full-time employees is \_\_\_\_\_ hours. (Minimum of 30 hours per week required.)  
 8. Waiting period for initial enrollment:  Immediate  30 days  60 days  90 days  180 days  
 Waiting period for future employees:  30 days  60 days  90 days  180 days  
 Following completion of the probationary period, coverage will be effective the 1<sup>st</sup> or 15<sup>th</sup> of the month.  
 9. Number of Eligible Employees: \_\_\_\_\_ 10. Number of Enrolled Employees: \_\_\_\_\_  
 11. Are there any classes of ineligible employees:  Yes  No Explain \_\_\_\_\_  
 12. Are any persons to be covered retired, currently hospitalized, disabled, or on extension of benefits?  
 Yes  No If yes, give details \_\_\_\_\_  
 13. Are all employees to be insured covered by Workers Compensation?  Yes  No  
 14. Current Life Insurance Carrier \_\_\_\_\_ Will this insurance replace existing insurance?  Yes  No  
 15. Percentage of premium paid by employer: Life & AD&D \_\_\_\_\_% STD \_\_\_\_\_% LTD \_\_\_\_\_% Dep. Life \_\_\_\_\_%

**COVERAGE INFORMATION Groups with 2 – 9 Lives Only**

16. **Life and AD&D**  
 Flat Amount Plan:  \$10,000  \$15,000  \$20,000  \$30,000  \$40,000  \$50,000  
 Class Plan: Class 1. \_\_\_\_\_ Amount \$ \_\_\_\_\_  
 Class 2. \_\_\_\_\_ Amount \$ \_\_\_\_\_  
 Class 3. \_\_\_\_\_ Amount \$ \_\_\_\_\_  
 Dependent Life:  Yes  No (Spouse \$2,000; Children \$1,000; 14 days - 6 months \$200)  
 17. **Short Term Disability**  Yes  No  
 Flat Amount Plan:  \$200/week Benefit Period:  13 weeks  26 weeks  
 Percent of Earnings:  60% to a maximum of \$600/week Benefits Begin: 1<sup>st</sup> day Accident; 8<sup>th</sup> day illness

**Participation Agreement (administered and underwritten by Companion Life Insurance Company)**

The Participant does hereby apply for Group Insurance Benefits as set forth in the above application.  
 Name of Trust: Joint Employer Group Insurance Trust. It is understood and agreed by the undersigned that the Trustee is not an insurer, nor does he or she have any obligation under any policy of insurance and that all claims for and benefits provided by insurance being applied for herein shall be made to and payable by the Insurance Companies issuing group policy(ies) to the Trustees, but only to the extent and in strict accordance with the provisions of such policy. **The undersigned employer agrees that coverage shall not commence until this application has been approved by Companion Life Insurance Company and notice of approval has been transmitted to us.** As named employer, I understand that I should not cancel any existing coverage until notified that this application has been accepted by Companion Life.

Signature of Applicant/Title \_\_\_\_\_ Date \_\_\_ / \_\_\_ / \_\_\_

Signature of Agent Broker \_\_\_\_\_ Agent Code \_\_\_\_\_ - \_\_\_\_\_ Date \_\_\_ / \_\_\_ / \_\_\_

**LIFE SPECIFICATIONS *Groups of 10 and Above Only***

**18. Life Insurance and Accidental Death & Dismemberment**

Class Definitions (describe below)	Basic Life/AD&D	Dependent Life Insurance
Class 1. _____	\$ _____	_____ Yes _____ No
Class 2. _____	\$ _____	(\$5000 )
Class 3. _____	\$ _____	
Class 4. _____	\$ _____	

- Notes: A. Basic Life & AD&D Benefits reduce 35% at age 65, and then to 50% at age 70. Benefits terminate at retirement.  
 B. Waiver of Premium is provided as a continuation of Life Benefits in the event of total disability  
 C. An Accelerated Death Benefit is included.

**DISABILITY SPECIFICATIONS *Groups of 13 and Above Only***

**19. Short Term Disability**

Class Definitions (describe below)	Benefits	Accident (Days)	Illness (Days)	Duration (Weeks)
Class 1. _____	_____	_____	_____	_____
Class 2. _____	_____	_____	_____	_____
Class 3. _____	_____	_____	_____	_____
Class 4. _____	_____	_____	_____	_____

**20. Long Term Disability (MINIMUM OF 6 EMPLOYEES TO BE ELIGIBLE)**

Class Definitions (describe below)	Benefits	Maximum Benefit (monthly)	Minimum Benefit (monthly)	Elimination Period (days)	Maximum Duration (years)
Class 1. _____	_____ %	\$ _____	\$ _____	_____	_____
Class 2. _____	_____ %	\$ _____	\$ _____	_____	_____
Class 3. _____	_____ %	\$ _____	\$ _____	_____	_____
Class 4. _____	_____ %	\$ _____	\$ _____	_____	_____

21. Benefit Integration will be as follows:

- Primary & Family Social Security (standard)
- Primary Social Security
- Primary & Family Social Security with 70% all Sources

22. Pre-existing Conditions Exclusion:

- 12/12 (Groups 6 - 24)
- 3/6/12 (Groups 25 and greater)

23. Optional policy features to be included are: \_\_\_\_\_

**APPLICANT'S SIGNATURE**

Quotations were based upon 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. Only Companion Life's Home Office has the authority to guarantee the acceptability of the requested insurance.

Signature of Applicant/Title \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Signature of Agent \_\_\_\_\_ Agent Code \_\_\_\_\_ - \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_