

DATA

1. Name of Entity..... Fax No. :
2. Address..... Tel:
3. Principal Officer: Title: Email:
4. Plan Administrator: Title: Email:
5. Type of Business: Sole Proprietorship Partnership Company Other
6. Nature of Business:
7. Type of Industry: Service Retail Trade Transportation Multi-Industry Agriculture or Commerce
 Manufacturing or Wholesaling Construction or Maintenance Other_____

	Participation: Members	Dependents
8. (a) Number of Full-time Employees/Total Membership	N/A
(b) No. of Employees/Members with Eligible Dependents	N/A
(c) No. of Employees/Members enrolling	N/A
(d) No. of Employees/Members with Dependents enrolling	N/A
(e) Will Employees/Members contribute to their Coverage?	Yes	No
(f) Will Employees/Members contribute to Dependent Coverage?	Yes	No

9. Entity's Probation Period (Eligibility Period)
10. Name of Subsidiaries and/or Associated Entities:
11. Are the Employees/Members of Entities given in (10) included in this proposal? Yes No
12. Are any classes of Employees/members (other than part-time Employees/Members) to be excluded from participation in your plan due to eligibility reasons? Yes No
13. Are any of your Employees/Members related by blood or marriage? Yes No
14. Does this coverage for which you are applying and described herein replace any other group insurance presently in force? Yes No

If yes, please answer the following questions and include a copy of your in-force booklet or certificate and final premium billing statement:

1. Name of Insurance Company.....
 2. Type of Coverage.....
 3. Termination Date.....
 4. Number of Covered Employees/Members as of Termination.....
 5. How long was prior coverage in force?
15. Have you, or any of your Employees/Members or their dependents incurred any claims in excess of \$50,000 during the past 12 months? Yes No
 16. Is this coverage for which you are applying in addition to any other Group Insurance presently in force? Yes No

If the answer to any of the above questions was 'Yes', explain under "Remarks" (Attach extra sheet if necessary).

REMARKS _____

