

## Application for Group Insurance

\_\_\_\_\_  
(the Policyholder)

\_\_\_\_\_  
Policyholder's Head Office Address:

Applies for the following insurance under and in accord with the Group Policy:

- |  |   |
|--|---|
| <input type="checkbox"/> Basic Term Life   | <input type="checkbox"/> Dependent Life                   |
| <input type="checkbox"/> Supplemental Life | <input type="checkbox"/> Accidental Death & Dismemberment |
| <input type="checkbox"/> STD               | <input type="checkbox"/> LTD                              |

This application is: (i) attached to the Group Policy; and (ii) it is made part of the Group Policy.

The Group Policy has been issued in replacement of the insurance coverages listed above under: \_\_\_\_\_

This contract will be effective on \_\_\_\_\_ .

It is agreed that the Company may, when determining the experience rating under this policy, combine: (i) the experience under this policy; and (ii) the experience under the Group Policy which is being replaced by this policy.

No agent or other person except a Company Officer has power: (i) to make or modify any contract on behalf of the company; or (ii) to waive any of the Company's rights or requirements. No waiver will be valid unless: (i) it is in writing; and (ii) it is signed by one of our officers.

\_\_\_\_\_  
Legal Name of Entity

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness or Agent/Sales Representative

\_\_\_\_\_  
Printed Name & Title of Authorized Signer

### RECEIPT

Received of \_\_\_\_\_  
(Name of Applicant)

\$ \_\_\_\_\_ to be applied as a credit toward the payment of the first premium on the proposed Group Insurance Policy, or Policies, for which application is made. In case application is not accepted by Amalgamated Life, the payment evidenced by this receipt shall be returned upon surrender thereof.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agent or Representative