

APPLICATION FOR GROUP POLICY

Name of Employer:

Address:

The Employer hereby applies for the following Combined Insurance Company of America's Policy/Policies:

Listing of Combined Policies Applied for

The Employer hereby authorizes Combined, its licensed agents or enrollers, to offer all of the eligible employees the opportunity to enroll for coverage under the Policy/Policies issued to Employer.

An eligible employee is one who works at least 17 1/2 hours per week and who has been actively employed by Employer for at least six (6) months.

The Employer agrees to provide Combined's licensed agents or enrollers direct access to its employees to solicit individual applications.

The Employer further agrees to deduct any premiums for this coverage from employees' paychecks and forward these premiums to Combined when due.

Employer agrees to reimburse Combined for any and all premiums, and costs associated with the loss thereof, which are misappropriated by Employer or any of its employees, agents, or representatives.

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

Executed on _____ day of _____ 20 _____ .

Signature of Officer of Employer

Print Name and Title of Officer

Combined Insurance Company of America
Authorized Agent