

**APPLICATION FOR GROUP SHORT TERM
AND
LONG TERM DISABILITY INSURANCE**

Name of Applicant: _____

Address: _____
(Street)

(City) (State) (Zip)

applies to the LifeWise Assurance Company for

- Group Short Term Disability Insurance
 Group Long Term Disability Insurance

If LifeWise Assurance Company approves this application, a policy will be issued. The applicant agrees that acceptance of the policy will be an approval of the policy terms.

Policy Effective Date: _____

ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND/OR CIVIL PENALTIES.

Dated at _____
(Applicant)

on _____ 19 _____ By: _____
(Signature and Title)

(Agent or Broker Signature) (Witness Signature)

Application

000063 (10-2003)

BROKER OF RECORD If Broker/Agent is not involved with this application, disregard this section.

Name of Broker/Agent _____ Broker/Agent No. _____
Name of Firm _____ Telephone Number (_____) _____
Address _____

I hereby appoint the above named broker/agent as this group's broker/agent of record effective:
(Month) _____ (Day) _____ (Year) _____

This agreement will serve as notice of cancellation of any previous broker/agent agreement. This new appointment will remain effective until written notice is given by either party. I authorize LifeWise Assurance Company to pay, on this group's behalf, commission, if any, for which this group is liable, to the above named broker/agent. Notification of plan changes and/or cancellations from the Broker/Agent identified above to LifeWise Assurance Company constitutes notification from the group.