

**Application for Group
Voluntary AD&D Insurance**

LifeWise Assurance Company
P.O. Box 2272
Seattle, WA 98111-2272



This application is based on the following statements and representations:

1. LEGAL NAME OF ORGANIZATION		
2. ADDRESS OF ORGANIZATION		
3. NAME OF SUBSIDIARIES, DIVISIONS OR AFFILIATES TO BE COVERED		
4. NATURE OF BUSINESS		
<p>5. Persons eligible to be covered under the policy are those who fall within the classes described below; provided, a written application has been made and the required premium paid. Dependents of those who fall within these covered classes also are eligible; provided, the requirements for eligibility are met, the proper Coverage Plan is selected, and the correct premium is paid.</p> <p>ELIGIBLE CLASSES: Describe Below</p>		
CLASS	DESCRIPTION OF ELIGIBLE PERSONS	NUMBER OF ELIGIBLE PERSONS
6. Applicable coverage and amount of Principal Sum per person:		
CLASS	COVERAGE	PRINCIPAL SUM
<p>7. The aggregate limit of liability per accident shall be \$ _____. We will not be liable for any amount over the limit stated above for any one accident. If the total amount of benefits to be paid under this policy for any one accident is more than the total amount of our liability, we will only pay those benefits that are in proportion to our total liability.</p>		
<p>8. The premium shall be determined at the following rate(s) per \$1,000 Principal Sum Benefit:</p> <p style="text-align: center;">Employee _____ Family _____</p> <p>In computing the premium, no charge or credit will be made for a fractional part of a policy month. This applies to all additions, deletions and changes in the classification of Insureds.</p>		

9. The mode of premium payment under this policy shall be _____

DEPOSIT OF \$ _____ TO APPLY ON THE FIRST PREMIUM

Premiums are paid by: Employer Employee Employer and Employee.

10. The Agent appointed by the Organization is: (if none appointed, state "none")

Name _____

Address _____

11. Effective Date:

Original Application for Policy Effective _____ / _____ / _____

Application for Policy Revision Effective _____ / _____ / _____

12. COMMENTS:

It is understood and agreed that this application shall be made Section 7, part of the Policy applied for and that no insurance shall be effective until approved by the Insurance Company at its Home Office.

Signature of Witness

Signature and Title

Agent or Broker

Lic. No(s).

For: Name of Applicant

Dated At

Date

/ /