



P.O. Box 7725, San Francisco, CA 94120
1-888-646-0789

NEW GROUP SUMMARY

GROUP INFORMATION			
LEGAL NAME OF GROUP			
BILLING ADDRESS (IF DIFFERENT FROM APPLICATION):			
STREET	CITY	STATE	ZIP CODE
MAILING ADDRESS (IF DIFFERENT FROM APPLICATION):			
STREET	CITY	STATE	ZIP CODE
TELEPHONE	FAX		
()	()		
BILLING CONTACT	TITLE	TELEPHONE	
		()	
EXECUTIVE CONTACT	TITLE	TELEPHONE	
		()	
MULTIPLE BILLING: <input type="checkbox"/> YES <input type="checkbox"/> NO (IF YES, PLEASE ATTACH INSTRUCTIONS INCLUDING THE BILLING CONTACT AND ADDRESS FOR EACH SECTION.)			
ADMINISTRATION KIT WILL BE SHIPPED TO: <input type="checkbox"/> POLICYHOLDER <input type="checkbox"/> BROKER <input type="checkbox"/> SALES REP <input type="checkbox"/> OTHER:			
DOES THE GROUP HAVE, OR IS THE GROUP ALSO PURCHASING GROUP HEALTH PLAN(S) IN CONJUNCTION WITH THIS CAREAMERICA LIFE INSURANCE PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO			

ELIGIBILITY
Being actively at work is a requirement for coverage. Coverage for any person not actively at work on the effective date of the Policy will be deferred until the person returns to full-time work.
1. Eligible Employees are: All active, full-time employees who work a minimum of _____ hours per week (standard (30)).
2. Waiting Period (in days): <input type="checkbox"/> NONE <input type="checkbox"/> 30 <input type="checkbox"/> 60 <input type="checkbox"/> 90 <input type="checkbox"/> OTHER: _____
3. Waiting Period will be waived for: Current, Actively at Work employees. <input type="checkbox"/> YES <input type="checkbox"/> NO
4. Waiting Period will be waived for: Part-Time employees upon attaining Full-Time status. <input type="checkbox"/> YES <input type="checkbox"/> NO
5. Waiting Period will be waived for: Employees rehired within <input type="checkbox"/> 6 months <input type="checkbox"/> _____ of their termination date. <input type="checkbox"/> YES <input type="checkbox"/> NO
6. Coverage becomes effective on: <input type="checkbox"/> 1st day of the month following completion of Waiting Period. <input type="checkbox"/> the day following completion of the Waiting Period. <input type="checkbox"/> date of hire, if no Waiting Period.
7. Number of eligible employees _____. Number of employees enrolled _____. (100% participation required for non-contributory plan, minimum 75% participation for contributory plan)

BROKER INFORMATION (to be completed by broker)			
BROKER NAME	TELEPHONE	FAX	
	()	()	
COMPANY NAME	TAX ID NO.	CAREAMERICA LIFE INSURANCE COMPANY (CAREAMERICA LIFE) BROKER NO.	
BROKER STREET ADDRESS			
CITY	STATE	ZIP	BROKER LICENSE NO.
GENERAL AGENT (IF APPLICABLE)	TELEPHONE	FAX	CAREAMERICA LIFE G.A. NO.
	()	()	
SALES REPRESENTATIVE	TELEPHONE	FAX	SALES OFFICE
	()	()	
ACCOUNT MANAGER	TELEPHONE	FAX	SALES OFFICE
	()	()	()



50 Beale Street
San Francisco, CA 94105-1808

**PLAN DESIGN SUMMARY, LIFE/AD&D
FOR CAREAMERICA LIFE INSURANCE COMPANY (CAREAMERICA)**

BENEFIT SCHEDULE

1. GROUP TERM LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D): Life AD&D

Eligibility Description:	# in Class:	Life and AD&D Benefit: (AD&D benefit must equal Life benefit)
Class 1. <input type="checkbox"/> All Eligible Full-Time Employees <input type="checkbox"/> Other:		<input type="checkbox"/> Flat \$ _____ <input type="checkbox"/> _____ x Basic Annual Earnings to a maximum of \$ _____
Class 2.		<input type="checkbox"/> Flat \$ _____ <input type="checkbox"/> _____ x Basic Annual Earnings to a maximum of \$ _____
Class 3.		<input type="checkbox"/> Flat \$ _____ <input type="checkbox"/> _____ x Basic Annual Earnings to a maximum of \$ _____

Separate Certificates are to be issued for each class: Yes No

Salaried Benefits are rounded to the nearest next higher \$1,000. Please indicate minimum if applicable \$ _____.

Age Reduction: Standard – Benefits reduce by 35% at age 65, by 50% of the original amount at 70 and terminate at retirement.

Other: _____

2. BASIC DEPENDENT LIFE INSURANCE* Yes No

Domestic Partners are eligible for coverage equal to Spouse Benefit: Yes No

Spouse/Child(ren) Benefit: \$ _____

*Please note: Spouse benefit may not be more than 50% of the employee's benefit. Benefits for children aged 14 days to 6 months are 10% of Child benefits. No coverage for infants from birth to 14 days. AD&D coverage is not available to Dependents.

RATES AND EMPLOYER CONTRIBUTIONS

1. BASIC GROUP TERM LIFE INSURANCE:

- Age Banded Premium Rate as quoted by CareAmerica Life
- Other: \$ _____ (available only if quoted by CareAmerica Life)

2. BASIC DEPENDENT LIFE INSURANCE:

Not Applicable

Rate per Family Unit: \$ _____

3. EMPLOYER CONTRIBUTIONS:

For Basic Life: Employees _____% (minimum of 25%) Dependents _____%