



**GROUP SUPPLEMENTAL MEDICAL EXPENSE REIMBURSEMENT INSURANCE APPLICATION**

1. a. Name of group applicant \_\_\_\_\_

Address \_\_\_\_\_  
 Street City State Zip Code

b. Federal I.D. no. \_\_\_\_\_ c. Phone no. (including area code) \_\_\_\_\_

2. Names and locations of any subsidiaries or affiliates to be insured \_\_\_\_\_  
 \_\_\_\_\_

3. Requested effective date of insurance: First day of \_\_\_\_\_, 20\_\_\_\_

4. Nature of business \_\_\_\_\_

5. Type of business:  C Corporation  Partnership  S Corporation  Sole Proprietor  Other (type) \_\_\_\_\_

6. Name and title of applicant/employer contact \_\_\_\_\_

7. Amount of premium submitted with the application \$ \_\_\_\_\_

8. a. Classes of eligible employees (and any outside directors, retired employees or surviving spouses):

- (1) \_\_\_\_\_ (4) \_\_\_\_\_
- (2) \_\_\_\_\_ (5) \_\_\_\_\_
- (3) \_\_\_\_\_ (6) \_\_\_\_\_

b. Total number of employees (including those ineligible for coverage) \_\_\_\_\_

c. Total number of eligible employees \_\_\_\_\_

d. Total number of eligible outside directors (if any) \_\_\_\_\_

e. Total number of eligible retired employees and surviving spouses (if any) \_\_\_\_\_

(Individual enrollment cards must be completed and signed by all eligible persons.)

9. Plan: a.  \$100,000 b.  \$200,000

10. Carrier underwriting base health plan \_\_\_\_\_

11. Have you had group insurance with Assurity Life Insurance Company before?  Yes  No

**WARNING: Any person who knowingly, and with intent to injure, defraud or deceive an insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.**

Signed at (City, State) \_\_\_\_\_ Date signed (MM/DD/YYYY) \_\_\_\_\_

Applicant signature \_\_\_\_\_ Printed name and title \_\_\_\_\_

Signature of witness \_\_\_\_\_ Witness's printed name \_\_\_\_\_

Agent name _____	Agent's state license no. _____
Taxpayer I.D. no. _____	Phone no. (including area code) _____
Agent's firm _____	Firm's address _____

Plan is administered by BeniComp, Inc. • Bus No. 800.837.7400 • Fax No. 260.483.6255  
 Send correspondence to: BeniComp, Inc., 8310 Clinton Park Drive, Ft. Wayne, IN 46825

