



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

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

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

