

USABLE Life

P.O. Box 1650 · Little Rock, Arkansas 72203

GROUP INSURANCE APPLICATION (BASIC AND VOLUNTARY)

Type Or Print In Black Ink

1. Legal Name of Policyholder CITY OF JONESBORO		Taxpayer ID# 71-6013749		Group #	
2. Mailing Address of Policyholder P.O. BOX 1845		City JONESBORO		State AR	Zip+4 72403-0000
3. Street Address of Policyholder (if different from above)		City		State	Zip+4
4. Name of CEO, President or Owner of Company DOUG FORMON				Telephone Number of Policyholder (870) 933-4640	
5. Name of Insurance Contact at Company DOUG FORMON		E-mail Address of Insurance Contact		Fax Number of Policyholder	
6. Name of Subsidiary or Affiliate Companies to be Covered				Billing Method <input type="checkbox"/> Online Bill <input checked="" type="checkbox"/> List Bill	
7. Nature of Business CITY GOVERNMENT	Effective as of 12:01 a.m. 01/01/2008	First Renewal Date	Number of Employees Eligible _____ Enrolled _____		
8. Do you have any employees located in states other than the policyholder's main address? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please list states.					
9a. Waiting Period: <input checked="" type="checkbox"/> Premium Due Date following completion of <u>0</u> days <input type="checkbox"/> Day following completion of _____ days			9b. Waiting Period applies to: <input type="checkbox"/> Future Employees Only <input checked="" type="checkbox"/> Present & Future Employees		
NOTE: For VIP and VLTD coverage, the waiting period will never be less than 30 days for present and future employees without prior approval from USABLE Life.			9c. Employer Contribution: Life and AD&D <u>100</u> % Dep Life _____ % Hosp. Indemnity _____ % STD _____ % _____ % _____ %		
10. Class Definitions for Basic Coverage(s): If more than one class, definitions must be specific. Class 1 ALL NON-UNIFORMED EMPLOYEES WITH 5 YEARS OF SERVICE Class 2 _____ Class 3 _____ Class 4 _____ Employees working less than 30 hours per week are not eligible for coverage unless otherwise noted above and approval received.					
11. Selection of Coverage: Check all that apply and fill in all applicable blanks.					
Class	<input checked="" type="checkbox"/> Life Insurance Amount of Insurance	<input checked="" type="checkbox"/> AD&D Principal Sum	Supplemental <input type="checkbox"/> Life <input type="checkbox"/> AD&D Amount of Insurance	Short Term Disability <input type="checkbox"/> Salary Multiple <input type="checkbox"/> Flat Schedule Maximum Weekly Benefit*	
1	40,000.00	40,000.00			
2					
3					
4					
* Weekly STD benefit is subject to a maximum of : _____ % of employee's basic weekly earnings.					
If the Life and AD&D benefit is a multiple of salary amount should be rounded to: <input checked="" type="checkbox"/> the next higher <input type="checkbox"/> the next lower <input type="checkbox"/> the nearest Multiple of \$ <u>1,000.00</u> , if not already a multiple. Not to exceed a maximum of \$ _____.					
12. Guaranteed Issue (Life and AD&D amounts over Guaranteed Issue are subject to evidence of insurability.)		Changes in benefit amounts in accordance with the Schedule shown above will become effective on: <input checked="" type="checkbox"/> the first day of the policy month following the date of change; or <input type="checkbox"/> the policy anniversary date coincident with or next following the date of change; or <input type="checkbox"/> on the date of change; or <input type="checkbox"/> other (give details):			
13. Dependent Life Insurance (Benefit amounts are limited in some states) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Spouse \$ _____ Children: (select one age range) <input type="checkbox"/> from birth to 6 months <input type="checkbox"/> from 15 days to 6 months \$ _____ (select one age range) <input type="checkbox"/> 6 months to 19 years* <input type="checkbox"/> 6 months to age _____* \$ _____ *To age _____ if full-time student.					

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Legal Name of Policyholder
CITY OF JONESBORO

Taxpayer ID#
71-6013749

14. Reductions & Termination (Benefit reduction due to age will be effective on the insured's birthday.)

- Employee Life and AD&D benefits reduce by the following percent or to the amount shown and terminate at retirement unless an earlier termination age is shown.
at age 65: at age 70: at age 75: at age 80: Terminates at:
Dependent Life benefits reduce 50% at the spouse's age 65. Terminate at the employee's retirement.
Other:

15. Short Term Disability (non-occupational)
(Not Available in some states)

- Accident Benefits: Begin Day
Sickness Benefits: Begin Day
Maximum Period: Weeks
Yes No

16. Hospital Indemnity Benefit
(Not Available in some states)

- Units Available: 1 unit only or 1 or 2 unit(s) as elected by employee
Yes No
Dependent Coverage Available: Yes No
Employer Contribution:

17. Voluntary Group Term Life

- Yes No Standard OR Select
Guaranteed Issue: No Yes \$
Enrolled
Portability Provision

18. Voluntary Accidental Death & Dismemberment

- Yes No # Enrolled

19. Voluntary STD Income Protection Weekly Benefit (VIP): Selected by employee in \$10 increments from \$100 to \$750.

- (non-occupational) Benefit Plan: (select one) Industry Class: # Enrolled:
Employer Contribution:
a. Reductions & Termination (Benefit reduction due to age will be effective on the anniversary following the insured's birthday). Benefits reduce 33 1/3% at age 65, and terminate at age 70 or upon retirement, whichever occurs first.
b. Do you currently have an employer-paid disability income plan? Yes No
c. Do you want Continuity of Coverage? Yes No Prior Carrier Date Terminated
If yes, copy of prior plan required for claims administration.
d. Are premiums sheltered under a Section 125 Cafeteria plan? Yes No

20. Voluntary Long Term Disability (VLTD)

- Employer Contribution: # Enrolled:
Yes No Industry Class:
Elimination Period: 90 Days 180 Days
Maximum Benefit Period: 5 years Accident/2 years Sickness 5 years Sickness or Accident Age 65 Sickness or Accident
a. Amount of Insurance: Selected by the employee in increments of \$100 not to exceed 60% of monthly salary.
b. Pre-existing Conditions Exclusions/Limitations: 12/6/24 (unless state law requires otherwise)
c. The Minimum Monthly Benefit is \$ 50.00 or 10% of the Monthly Disability Benefit, whichever is less.
d. Policy Features include: • 24 Month Own Occupation • Three month Survivor Benefit • 24 Month Mental Illness, Alcohol & Drug Limitation • Progressive Partial Disability • Waiver of Premium • \$50,000 Human Organ Transplant • Primary and Family Social Security Integration
e. Is this a replacement of similar coverage? Yes No
If yes, Prior Carrier Date Terminated
Also if there was a prior carrier, a copy of prior plan is required for claims administration.
f. Are premiums sheltered under a Section 125 Cafeteria plan? Yes No

REMARKS OR SPECIAL PROVISIONS

It is understood and agreed that this application shall be made a part of the policy or policies applied for and that no insurance shall be effective until approved by the Company at its Home Office.

COMPLIANCE NOTICE: USABLE Life does not provide legal or tax advice. Based upon information you have provided us about your group, we will notify you if we perceive any obvious deficiency in your plan, but you must consult your own legal counsel for definitive advice and opinions regarding your plan's compliance.

WARNING - It is or may be a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.