



Group/Account Number _____

Master Account Number _____

Effective Date _____

1. Account Profile

A. Name _____ B. Situs State _____ C. NAIC/SIC code _____

D. Federal ID No. _____ E. Type of Business _____ F. Years in Business _____

G. Total Eligibles _____

H. Physical Address* _____ City _____ State _____ Zip _____

* For Group products, address must be based on situs state of Group policy.

Contact Person(s):

1. Responsible Officer & Title _____ Phone _____ Fax _____

Address _____ City _____ State _____ Zip _____

If Administrative Contact is the Same as Responsible Officer Check Here.

2. Administrative Contact Name _____ Phone _____ Fax _____

Administrative Contact Email _____

2. Proposed Insureds

A. Eligible Employees

1. Total number of employees eligible for coverage: _____

2. Eligible Employees are (check all that apply):

- Full-time employees who work 25 or more hours per week.
- Full-time employees who work 30 or more hours per week.
- Regular part-time employees who work 20 or more hours per week.
- Full-time employees who work 20 or more hours per week.
- Other (explain): _____

3. Describe any class of employees to be excluded: _____

B. Eligible Association / Union Members - (applies to Cancer/Specified Disease (GVCP3), Accident, SHOP, Indemnity Medical, Critical Illness, Vision, Term to Age 100 Life, Universal Life, and Disability (GVDI))

1. Total number of members eligible for coverage: _____

Eligible Members are (check all that apply):

- Full-time members who work 25 or more hours per week.
- Full-time members who work 30 or more hours per week.
- Regular part-time members who work 20 or more hours per week.
- Full-time members who work 20 or more hours per week.
- Other (explain): _____

2. Describe any class of members to be excluded: _____

C. New-Hire Waiting Period is _____ days after hire date.

New Hire Enrollment Period includes the 31 days following the New-Hire Waiting Period

Coverage for New-Hire begins On the first day of the month following enrollment - or - the Next Day

Allstate (EA/EFS) Independent Agent

May AHL contact your employees/members to offer them:

- a) The Good HandsSM Roadside Assistance Plan? Yes No
b) A no obligation auto insurance quote? Yes No

C. Effective Date

If issued, the coverage selected as indicated on the attached addendum(s) will become effective on the date stated in the Policy(ies). The Policy(ies) issued and any amendments, riders, and/or endorsements thereto, along with the application, will constitute the entire contract.

D. Acceptance of Voluntary Insurance

Upon the approval of American Heritage Life Insurance Company, the Account agrees to establish a voluntary insurance program for the benefit of its employees/members. For each employee/member who executes a payroll deduction request, we will withhold the amount authorized. We will forward this money either: (i) directly to AHL upon notice of the premium due from each employee/member, or (ii) to the credit union if named in item 3, "Billing Information".

We may, upon written notice to AHL and to our employees/members, discontinue our participation in AHL's Insurance Program. In such event, the continued payment of premiums will be a matter directly between each employee/member and AHL.

We assume no responsibility for forwarding premiums from anyone other than current employees/members.

We understand that AHL does not disclose personal information about our employees/members to companies or organizations not affiliated with AHL that would use the information to market their own products and services. However, AHL may share with us personal information about our employees/members, and other persons, in order to carry out the purpose of AHL's Insurance Program. Personal Information includes all personally identifiable health information and other information about a person that:

- a person provides to AHL to obtain insurance,
- results from an insurance transaction, or
- is otherwise obtained in connection with providing insurance.

We agree not to disclose or use this personal information except as necessary for our participation in AHL's Insurance Program. We may be provided access to this information in electronic form and are responsible for limiting this access to those necessary for our participation.

For all group insurance coverage, we understand we may receive from AHL paper versions of the certificate of coverage and its accompanying notices (the "Certificate") and the AHL group insurance policy (the "Policy"). However, we instead request that AHL provide the following electronic delivery services, as applicable:

- For Enhanced Group Term Life: We request that AHL deliver electronically via e-mail to the Group Policyholder both the Policy, and the Certificate for delivery to the insureds.
- For all group products other than Enhanced Group Term Life: We request that AHL, on behalf of the Group Policyholder, deliver electronically to each insured the Certificate.

Where electronic delivery is not available, we request AHL deliver the Certificate and/or the Policy (or required parts thereof) via U.S. mail.

Agent of Record For Account is: _____

Authorized Officer Printed Name: _____

Authorized Officer Signature: _____ **Date Signed:** _____

E. Producer Signature

By signing below, I affirm that I have personally met with the Account, verified all of the above information and the Account is ready to be processed.

	Agent Number	Agent Name	Signature	Date Signed
Agent of Record				
Servicing Agent	9LBA0	Antik LLC		
Other	9LBA1	Steve Losee		