

**The Standard Life Insurance Company of New York  
White Plains, New York**

**Application for Group Insurance**

*Please type or print*

**REQUESTED EFFECTIVE DATE** \_\_\_\_\_

**APPLICANT**

**Full Legal Name of Group** (Exactly as it is to be shown in the policy.)

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number (\_\_\_\_\_) \_\_\_\_\_ FAX Number (\_\_\_\_\_) \_\_\_\_\_

Group Contact \_\_\_\_\_ Contact's Title \_\_\_\_\_

Contact's Phone No. if different (\_\_\_\_\_) \_\_\_\_\_ Contact's FAX No. if different (\_\_\_\_\_) \_\_\_\_\_

**Nature of Business** \_\_\_\_\_

**INSURANCE COVERAGE REQUESTED**

- Life Only       Supplemental Life       Dental/Employees       LTD       \_\_\_\_\_
- Life & AD&D       Additional/Optional Life       Dental/Employees and Dep(s)       STD       \_\_\_\_\_
- Dependents Life       Stand Alone AD&D       Dental/Orthodontia       LTD with Transitional Duty Agreement

**OTHER INSURANCE**

A. Does this insurance supplement other insurance?     Yes     No  
If yes, specify for each line of coverage and Insurance Carrier: \_\_\_\_\_

B. Does this insurance replace existing insurance?     Yes     No  
If yes, specify for each existing line of coverage: \_\_\_\_\_

- Please submit a copy of each in force policy, certificate or plan document.

Effective date of Prior Plan: \_\_\_\_\_ Termination date of Prior Plan: \_\_\_\_\_

**ACTIVE WORK REQUIREMENT:** A person must meet an Active Work requirement to become insured. Members who have not met an Active Work requirement are not insured until returning to work for one full day and meeting all other contractual requirements. **Initial:** \_\_\_\_\_

*Note: Some members who do not meet an Active Work requirement may be eligible for Waiver of Premium with a prior carrier. The Active Work requirement does not apply to Dental coverage.*

**APPLICANT AGREES THAT: I hereby apply for Group Insurance as provided in the attached proposal.**

The above information is true and correct to the best of the Applicant's knowledge and belief. It forms the basis for this request for group insurance.

If the requested insurance is acceptable to The Standard Life Insurance Company of New York under its current rules and practices and is legally permissible, a Group Policy will be issued in the language customarily used by The Standard. It will be effective on the date determined by The Standard. No agent or broker has the authority to guarantee the acceptability of the requested insurance.

The Standard may issue separate Group Policies if more than one coverage is requested in this Application. The insurance, if approved, will be subject to The Standard Life Insurance Company of New York's usual underwriting requirements, including the exclusions and limitations in the Group Policy and, if applicable, Evidence Of Insurability. The effective date of insurance for which a person is required to submit satisfactory Evidence Of Insurability will be determined in accordance with the terms of the Group Policy, subject to the Active Work requirement. No premiums will be collected or paid by the Applicant for such insurance until notification of approval.

No material describing coverage under the Group Policy will be distributed by the Applicant to any person to be insured without the prior written consent of The Standard Life Insurance Company of New York.

Premium rate quotations were based on data submitted to The Standard. Final premium rates will be determined by the actual composition of the group.

The consideration for any Group Policy which may be issued is this Application and the payment of premiums. Payment of premium after receipt of the Group Policy is acceptance of the terms of the Group Policy.

This Application is made a part of the Group Policy.

**FRAUD NOTICE-**Only applies to Accident and Health Insurance (AD&D/Disability/Dental): 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

\_\_\_\_\_  
Signature and Title of Applicant's Authorized Representative

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

(Must be signed prior to the requested effective date.)

Initial Deposit \$ \_\_\_\_\_

**The Standard Life Insurance Company of New York  
White Plains, New York**

**Receipt for Initial Deposit**

Received from \_\_\_\_\_, an initial deposit  
of \$ \_\_\_\_\_ \* in connection with the Application for Group Insurance bearing the same date as this conditional receipt.

Date \_\_\_\_\_

***This receipt is subject to the terms and conditions below.***

Received By

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\*All premium checks must be made payable to The Standard Life Insurance Company of New York.  
Do not make check payable to the agent or leave payee blank.

***Terms of Receipt (Please read carefully.)***

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