

COMBINED INSURANCE COMPANY OF AMERICA
Home Office: 111 East Wacker Drive • Suite 700 • Chicago, Illinois 60601

APPLICATION FOR GROUP POLICY

Name of Employer:

Address:

The Employer hereby applies for the following Combined Insurance Company of America's Policy/Policies:

Listing of Combined Policies Applied for

The Employer hereby authorizes Combined, its licensed agents or enrollers, to offer all of the eligible employees the opportunity to enroll for coverage under the Policy/Policies issued to Employer.

An eligible employee is one who works at least 17 1/2 hours per week and who has been actively employed by Employer for at least ~~three~~ ^{four} months.

The Employer agrees to provide Combined's licensed agents or enrollers direct access to its employees to solicit individual applications.

The Employer further agrees to deduct any premiums for this coverage from employees' paychecks and forward these premiums to Combined when due.

Employer agrees to reimburse Combined for any and all premiums, and costs associated with the loss thereof, which are misappropriated by Employer or any of its employees, agents, or representatives.

Executed on _____ day of _____ 20 _____ .

Signature of Officer of Employer

Print Name and Title of Officer

Combined Insurance Company of America
Authorized Agent