

MASTER GROUP INSURANCE APPLICATION

(use only for a New Group Plan)

LINCOLN MUTUAL LIFE AND CASUALTY INSURANCE COMPANY
 P.O. Box 1918
 Fargo, North Dakota 58107

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|--|---|---|---|---|---|---|---|---|---|--|--|---|---|--|--|
| 1. LEGAL NAME OF EMPLOYER (POLICYHOLDER) | | 2. NATURE OF YOUR BUSINESS | | | | | | | | | | | | | |
| 3. ADDRESS OF EMPLOYER Street _____ City _____ State _____ Zip Code _____ | | 4. CONTACT PERSON Name: _____ Phone Number: _____ | | | | | | | | | | | | | |
| 5. NAME OF ASSOCIATED COMPANIES (SUBSIDIARIES AND AFFILIATES) | | 6. NATURE OF THEIR BUSINESS | | | | | | | | | | | | | |
| 7. EFFECTIVE DATE 12:01 A.M. <table style="display: inline-table; border: none;"> <tr> <td>M</td><td>M</td><td>D</td><td>D</td><td>Y</td><td>Y</td> </tr> <tr> <td></td><td></td><td>0</td><td>1</td><td></td><td></td> </tr> </table> If the employees contribute to the cost, the Policy shall not become effective until at least 75% of the eligible employees have enrolled. | | | | M | M | D | D | Y | Y | | | 0 | 1 | | |
| M | M | D | D | Y | Y | | | | | | | | | | |
| | | 0 | 1 | | | | | | | | | | | | |
| 8. PREMIUM ARE TO BE PAID: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other | | 9. EMPLOYEE CONTRIBUTION % Life: _____ Disability: _____ Dep. Life: _____ Other: _____ | | | | | | | | | | | | | |
| 10. EMPLOYEE ELIGIBILITY: Each present or new employee is an "eligible employee" if she or he: (1) is a member of the eligible classes shown in the policy schedule; (2) is within the age requirements shown in the policy schedule; (3) has satisfied any waiting period shown on this application; and (4) is "actively at work" on the date employee becomes insured: The normal work week for your full time employees is _____ hours. The normal work week must be at least 20 hours. | | | | | | | | | | | | | | | |
| 11. WAITING PERIOD: Each employee must be "actively at work" for a period of _____ (a) for present employees _____ days, or (b) for new employees _____ days. | | | | | | | | | | | | | | | |
| 12. INELIGIBLE CLASSES AND/OR DIVISIONS (IF NONE, PLEASE STATE): _____ | | | | | | | | | | | | | | | |
| 13. NUMBER OF EMPLOYEES CURRENTLY _____ ELIGIBLE _____ ENROLLED | | | | | | | | | | | | | | | |

14. **SCHEDULE OF BENEFITS**

| ELIGIBLE CLASSES DESCRIPTION | LIFE Benefit Amount of Insurance | 24 Hour Accidental Death, Dismemberment & Loss of Sight PRINCIPAL SUM 24 HOUR | Short Term Disability Benefits | DEPENDENT LIFE INSURANCE |
|------------------------------|-------------------------------------|--|-----------------------------------|---|
| | | | | Spouse _____ Children _____ (14 days to 6 mos.) Children _____ (6 mos. and older) OR Spouse _____ Children _____ |

Amounts of Life Insurance in excess of _____ subject to Evidence of Insurability.
 Life and AD&D Benefits reduce _____% at age _____, and _____% at age _____, and _____% at age _____, and terminates at _____.
 STD terminates at _____.

15. Short term disability benefits start on the sooner of: (1) the _____ day of accidental disability; or (2) _____ day of sickness disability, or (3) 1st day of hospital confinement. These benefits continue for a maximum period of _____ weeks.

16. REPLACEMENT: Will this insurance add to or replace any insurance:
 (a) now in force or that was in force within the past year; and (2) with another company covering employees eligible for this insurance?

| NO | YES | NAME OF INSURANCE COMPANY | DATE TO WHICH PREMIUMS PAID |
|----|-----|---------------------------|-----------------------------|
| | | | |

17. This application is a part of the proposed contract. If the policy is issued:
 It is agreed that the premium rates and administrative provisions shall be: (1) stated in and subject to the policy; and (2) binding on you and us.

Dated at _____ this _____ day of _____, 20____

Soliciting Agent _____ Employer's Signature _____

Print Agent's Name _____ Title _____

Lincoln Mutual Authorized Signature _____

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| For Office Use Only | | | | | | | | |
| Group # <table style="display: inline-table; border: none;"> <tr> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> </tr> </table> | | | | | | | | |
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