

WAIVER OF PREMIUM GROUP LIFE INSURANCE

POLICYHOLDER-EMPLOYER INSTRUCTIONS: See attached notice

Please complete this side of the form.

Ask the Employee to complete the reverse side of the form.

Submit the completed form with the following documents:

Attending Physician's Statement (Form LB-83)

Copy of the Employee's enrollment form and any changes of beneficiary

Group Policy Number _____ ERISA Group Plan Yes No Insurance Class _____

1. Name of employee _____ Social Security number _____

2. Date employed _____ Effective date of coverage _____

3. Amount of Insurance: Basic \$ _____ Supplemental \$ _____4. Occupation at time of disability (Include job description) _____

5. Basic monthly salary (on last day actively at work) _____ Hours worked per week _____

6. Last day employee was actively at work _____ Reason employee stopped work _____

7. Date employment terminated _____ Last date premium was paid for the employee _____

8. Did the employee apply for conversion? Yes No9. Is the employee eligible for Workers' Compensation? Yes No If yes, claim # _____

Carrier name & address _____

10. Has the employee returned to any work with any employer? Yes No Date _____ PT FT

• I certify that the information I have given is true, correct, and complete to the best of my knowledge.

• I have read the attached fraud notice.

Name of Policyholder-Employer _____

Address _____

Phone _____ Fax _____ E-mail Address _____

Signature _____ Print Name _____

Title _____ Date _____

EMPLOYEE – Please complete this side of the form

1. Your name _____ Social Security number _____
2. Your home address _____ Home phone _____
3. Date of birth _____ M F Height _____ Weight _____
4. Occupation _____
5. Your last day actively at work _____ Date you returned to work _____ PT FT
6. Date you first noticed symptoms of this illness or injury _____

Describe the first symptoms of your illness or describe how and where your accident occurred.

Date you were first treated for this illness or injury _____

Name of doctor who first treated you for this illness or injury _____

Address of doctor _____

7. Dates you were confined to a hospital for this illness or injury: From _____ to _____

Name and address of hospital _____

8. Have you ever had the same or a similar condition in the past? Yes No If yes, when? _____

Who treated you? _____

Address of doctor _____

Hospital name _____

Address of hospital _____

YOUR SIGNATURE: See attached notice

- I certify that the information I have given is true, correct, and complete to the best of my knowledge.
- I have read the attached fraud notice.

Your signature

Date

Please read the following notice that we are required by law to give to you.

For all states not named: Any person who, with intent to defraud or knowing he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

AL: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

AR, LA, RI, WV: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

AZ: For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

CA: For your protection California law requires the following to appear hereon: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

CO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

DE: Any person who knowingly, and with intent to injure, defraud or deceive an insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

DC: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

FL: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

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

MD: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NH: Any person who, with a purpose to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

NJ: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties. Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NM: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

NY: The following applies to health insurance only: 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.

OK: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

PA: 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 subjects such person to criminal and civil penalties.

TN, VA, WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

TX: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.