

EMPLOYEE ENROLLMENT APPLICATION

SECTION 1 – Policyholder Information (to be completed by the policyholder)

Policy Number	Division Number	Policyholder name	<input type="checkbox"/> New <input type="checkbox"/> Rehire
Employee Class (if applicable)	Employee Job Title	Employee Date of Hire (m/d/yyyy)	Employee Hours Worked Per Week
Employee's Annual Salary \$	Employee Effective Date (m/d/yyyy)	Life Insurance Date	LTD Insurance Date

SECTION 2 – Employee Information (Employee to complete Sections 2 through 4)

Employee name (Last)	(First)	(MI)	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (m/d/yyyy)	Social Security Number
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SECTION 3 – Enrollment Information – Life and Disability (Check all that apply)

NOTE: Ask the policyholder for the details about the benefits available to you, your cost, if any, and whether you will be required to complete an Evidence of Insurability (EOI) Form. You will only be eligible for the benefits selected by your employer. If the policyholder pays the total cost of the benefit, you will be automatically enrolled for coverage.

Basic Coverages		Voluntary Coverages		
Life <input type="checkbox"/> Yes <input type="checkbox"/> No	AD&D <input type="checkbox"/> Yes <input type="checkbox"/> No	Life* <input type="checkbox"/> Yes <input type="checkbox"/> No	AD&D* <input type="checkbox"/> Yes <input type="checkbox"/> No	Short Term Disability <input type="checkbox"/> Yes <input type="checkbox"/> No
Dependent Life* <input type="checkbox"/> Yes <input type="checkbox"/> No	Dependent AD&D* <input type="checkbox"/> Yes <input type="checkbox"/> No	Dependent Life* <input type="checkbox"/> Yes <input type="checkbox"/> No	Dependent AD&D* <input type="checkbox"/> Yes <input type="checkbox"/> No	Long Term Disability <input type="checkbox"/> Yes <input type="checkbox"/> No
Short Term Disability <input type="checkbox"/> Yes <input type="checkbox"/> No	Long Term Disability <input type="checkbox"/> Yes <input type="checkbox"/> No	If Voluntary Life and AD&D is sold as a package, you, and your dependent(s) if applicable, will be enrolled for both coverages if only one coverage is selected. A separate enrollment form is required for all amounts of Voluntary coverage <ul style="list-style-type: none"> o Complete only Section 1 of the EOI form for amounts under the guaranteed issue amount o Complete Sections 1 and 2 of the EOI form for amounts over the guaranteed issue amount 		

*You must be enrolled in Basic Life to be eligible for these coverages.
 If you do not enroll for coverage when first eligible, you will be required to submit satisfactory evidence of insurability to us.

SECTION 4 – Beneficiary Designation (Employee is the beneficiary for dependent coverage)

Beneficiary Name(s) Please provide full legal name of beneficiary (Example Helen Louise Jones not Mrs. H.L. Jones)
 Use a separate sheet for additional beneficiaries, if necessary. If more than one beneficiary is named, payment will be made in equal amounts unless otherwise stated in writing.

<input type="checkbox"/> Primary	Beneficiary Name:	Relationship:	Percentage: %
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Beneficiary Name:	Relationship:	Percentage: %

The contingent beneficiary will receive benefits if there is no primary beneficiary living or named at the time of claim.
I agree to or with the following:

1. I acknowledge that I am enrolling in coverage issued by LifeWise Assurance Company (LifeWise).
2. I understand and agree that my employer's enrollment form will determine coverage and that there is no coverage unless and until both the eligible employee enrollment form and employer applications have been accepted and approved by LifeWise. Even if this enrollment form is approved, any misstatements or omissions may result in future claims being denied and the policy or my coverage under the policy being rescinded or reevaluated, as of the effective date, for eligibility and rating purposes.

I understand that the effective date of insurance for myself or for any of my dependents is subject to my being actively at work on that date and that the effective date of insurance for any of my dependents is also subject to the dependent non-confinement requirements of the benefit plan. Further, I understand that any insurance subject to evidence of insurability or medical information will not become effective until LifeWise gives its written consent.

SECTION 5 – EMPLOYEE SIGNATURE

I request the Group Insurance for which I am entitled of for which I may become entitled under the provisions of the Group Policy or Policies issued by LifeWise Assurance Company, and I authorize the proper deductions, if any, from my earnings as my contribution toward the cost of this insurance. If I waive my rights to be insured under for coverages where I am required to contribute to the cost, I am aware that I must furnish evidence of insurability to LifeWise Assurance Company, at my own expense, if I should apply at a later date.

Employee signature: _____

Date signed: _____

Please note:

Arizona: Any life insurance producer, examining physician or other person who knowingly makes a false or fraudulent statement or representation on or relative to an application for life or disability insurance, or who makes any such statement to obtain a fee, commission, money or benefit is guilty of a Class 2 misdemeanor.

California: 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.

New Mexico: 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.

Washington: 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.

All other states: 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 may be guilty of a crime and may be subject to civil fines and criminal penalties.

LifeWise Privacy Policy and Notification Practices

We may collect, use, or disclose personal information about you, including health information, your address, telephone number or Social Security number. We may receive this information from, or release it to, health-care providers, insurance companies, or other sources to conduct our routine business operations such as: underwriting and determining your eligibility for benefits and paying claims; coordinating benefits with other health-care plans; conducting care management, case management, or quality reviews. This information may also be collected, used or released as required or permitted by law.

To safeguard your privacy and ensure your information remains confidential, we train all employees on our written confidentiality policy and procedures. If a disclosure of your personal information is not related to a routine business function, we will remove anything that could be used to easily identify you, unless we have your prior authorization to release such information.

You have the right to request inspection and/or amendment of your records retained by us.

To view or print copies of our detailed Privacy Notice and other forms, please visit our web site at www.lifewiseac.com. To have forms mailed to you, please call either (425) 918-4575 or 800-258-0394.