



Employer Participation Request Form

SECTION I — REQUEST FOR PARTICIPATION (in the AMERICA'S FIVE STAR MULTIPLE EMPLOYER TRUST) for \$1,000 Non-Renewable One Year Group Term Life Insurance Program.

The undersigned Employer requests that it be approved as a Participant in AMERICA'S FIVE STAR MULTIPLE EMPLOYER TRUST in order to provide insurance for employees. It requests the Trustees to apply to the 5 Star Life Insurance Company (the Insurer) for inclusion in the Group Insurance Policy(s). The Employer agrees to the following conditions:

- (1) The plan of insurance shall be the one approved by the Insurer.
- (2) Once approved for participation the employees will be insured provided the eligibility provisions of the policy have been satisfied.
- (3) The statements made in Sections II, III, IV and V below become the basis for participation.
- (4) The insurance plan is to be made available to all present employees.
- (5) The Employer agrees to be bound by the terms of the Trust Agreement and the provisions of the Group Insurance Policy(s).

The Employer may withdraw from the Trust at any time by providing written notice. Upon cancellation, the Employer relinquishes any and all rights it may then or thereafter have to any portion of the Trust. The insurance provided for the employees may be continued subject to the discretion of the Insurance Company.

The Trust Agreement which sets out all of the rights, powers and duties of the Trustee and the Administrator in detail, and the Group Insurance Policy(s) held by The Trustee, are available for inspection by the Employer at the main banking premises of the Trustee and at the principal offices of the Administrator.

By execution of this Request for Participation, the Employer has no liability to the Trustee or Administrator or others for the insurance provided through the AMERICA'S FIVE STAR MULTIPLE EMPLOYER TRUST.

SECTION II — SPECIFICATIONS FOR INSURANCE

Participating Employer (full legal name): _____

Address: _____

Tax ID #: _____

SECTION II — SPECIFICATIONS FOR INSURANCE (Continued)

Nature of Business _____

Name & Title of Executive Correspondent: _____

Employees Eligible for Insurance are: _____

Schedule of Benefits: **\$1,000 of Group Life Insurance for a term of one year.**

SECTION III — OTHER QUESTIONS

How many employees are eligible for insurance? _____

SECTION IV — EFFECTIVE DATE OF INSURANCE

The effective date of this Request for Participation will be as stated here. Effective date: _____

SECTION V — REMARKS

The statements made herein are true and complete, and it is understood and agreed that the insurance shall not become effective unless: (1) this Request for Participation and effective date are acceptable to 5 Star Life Insurance Company, and (2) all of the group insurance legal requirements applicable to the group to be insured have been met.

Dated at _____, this _____ day of _____, 20 _____

Full legal name of Employer

BY: _____
Signature

Print name and title