



(a Baton Rouge, LA company)

Administrative Offices: [421 S. 9th Street, Suite 222, Lincoln, NE 68508 • 866-863-9753 • www.5starima.com]

APPLICATION FOR GROUP INSURANCE

made to

5 STAR LIFE INSURANCE COMPANY

Application is made to 5 Star Life Insurance Company (5 Star Life) for Group Insurance.

1. Name of Group Applicant _____
(use exact legal name of organization)

2. Address _____
(number and street) (city) (state) (zip code)

3. List every state in which any employee (or member) resides _____

4. Types of insurance desired:

[] Basic Life Insurance _____ [] Basic Group AD&D _____
[] Voluntary Group Life Insurance _____ [] Voluntary Group AD&D _____
[] Group Critical Illness _____ [] Other _____

5. This insurance is to become effective on _____, 20__ only if:
• the first month's premium is paid in full and
• 5 Star Life accepts this application.

6. The writing agent on the insurance applied for is:

(The agent must be duly licensed as required by law.)

7. Group Applicant _____

By _____ Date _____

Title _____ Witness _____

Signed At _____