GF 1004

Underwritten by
5Star Life Insurance Company
Administrative Offices:
421 S. 9th Street, Suite 222
Lincoln, NE 68508
866-863-9753

All information must be provided or enrollment form is null and void.

Agent use only—Agent #

Enrollment Form
for Non–Renewable $1,000 One–Year Group Term Life Insurance

Policyholder: **Trustee, America's Five Star Multiple Employer Trust**

Group Policy Number: **00100**

Employer Information

Employer Tax ID # __ – _______

Employer

Employee Information

Employee Last Name ○ Male ○ Female

First Name M.I. D.O.B. __/__/____ (Month / Day / Year)

SSN ___–__–____

Mailing Address:

Street Line 1

Street Line 2

City State Zip _____–____

Beneficiary Information

Beneficiary Last Name ○ Male ○ Female

First Name M.I.

Relationship: ○ Spouse ○ Child ○ Other ______________

Coverage is effective on the date you sign this form and will terminate one year from this effective date or 70th birthday, whichever comes first.

Signed at: (City) (State) Date __/__/____ (Month / Day / Year)

Employee's Signature ______________________________

NOTE: 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 may be guilty of a crime and may be subject to fines and confinement to prison.

White to 5Star Life Insurance Company
Yellow to Employee