



Administrative Offices: 909 North Washington Street, Alexandria, VA 22314 • 800-776-2322 • www.afba.com

**REQUEST FOR PARTICIPATION AND SPECIFICATIONS FOR GROUP INSURANCE**

**AMERICA’S FIVE STAR MULTIPLE EMPLOYER TRUST**

**SECTION I - REQUEST FOR PARTICIPATION (in the AMERICA’S FIVE STAR MULTIPLE EMPLOYER TRUST).**

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, in writing, by the Insurer.
- (2) Once approved for participation the employees will be insured provided the eligibility provisions of the policy have been satisfied and evidence of insurability (if applicable) is approved.
- (3) The statements made in Sections II, III, IV and V below become the basis for participation.
- (4) Premium is to be paid by the Employer to “5 Star Life Insurance – Administrators” when due.
- (5) The insurance plan is to be made available to all present and future eligible employees.
- (6) 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 thirty days 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 and the payment of premium.

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**

Federal Tax ID # \_\_\_\_\_

Participating Employer (full legal name): \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Nature of Business: \_\_\_\_\_

Name & Title of Executive Correspondent: \_\_\_\_\_

Number of Eligible Employees: \_\_\_\_\_

**Schedule of Benefits:**

Non-Contributory (Employer paid, Must be 100% eligible employee participation)

Contributory: \_\_\_\_% contribution (Employee contributes, If less than required eligible employee participation, all employees subject to evidence of insurability.)

Eligibility Types: Exempt , Non Exempt , Full Time , Part Time , Retirees , Union , Non Union

Waiting Period:  1mo  2mo  3mo  4mo  5mo  6mo  Other \_\_\_\_\_

**Basic:**  Life  AD&D

Flat Amount \$ \_\_\_\_\_  1 x Earnings  2 x Earnings

Coverage by Occupation Classification (please specify) \_\_\_\_\_

**Voluntary:**  Life  AD&D

Employee:  7x Basic Annual Earnings not to exceed \$250,000 Maximum

Other \_\_\_\_\_

Spouse:  \$100,000 Maximum not to exceed 50% of employee election

Other \_\_\_\_\_

Child:  \$10,000 Maximum not to exceed 50% of employee election

Other \_\_\_\_\_

**SECTION III - OTHER QUESTIONS**

1. Do you currently have employees that are disabled, or not actively at work and covered by current plan? Yes / No

2. Do you currently have dependents that are disabled or hospitalized covered by the current plan (if coverage is currently provide)? Yes / No

**SECTION IV - EFFECTIVE DATE OF INSURANCE**

The effective date of this Request for Participation will be as stated in writing by 5Star Life Insurance Company in its letter of acceptance. If the Employer wishes to request a desired effective date, please so state \_\_\_\_/\_\_\_\_/\_\_\_\_. If approved, such approval must be in writing by the Company.

**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 approved in writing by 5 Star Life Insurance Company, (2) all of the group insurance legal requirements applicable to the group to be insured have been met, and (3) that no agent is authorized to accept risks or pass on insurability.

Dated at \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
(full legal name of Employer)

BY: \_\_\_\_\_  
(signature)

\_\_\_\_\_  
(print name and title)

For Home Office Use: Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

*Original: Send to 5 Star Life Worksite Marketing*

*Copy: Client*