

Master Group Application

Large Employer NationCare

Application for Group Insurance is made to STERLING LIFE INSURANCE COMPANY, Bellingham, Washington 98227

STERLING Life Insurance Company

APPLICANT (Corporate Name of Employer) _____

SLIC Group Policy# _____ Requested Effective Date _____

MM/DD/YYYY

1. Street Address _____ City _____ State _____ ZIP _____

2. Employer Representative _____ Ph# _____

Fax# _____ E-mail _____

3. Employer Tax ID# _____

4. DBA _____

Street Address _____ City _____ State _____ ZIP _____

5. Choice of PPO Panel(s) for each state with employee residents (limit of one panel per state):

State _____ PPO Panel _____ State _____ PPO Panel _____

State _____ PPO Panel _____ State _____ PPO Panel _____

State _____ PPO Panel _____ State _____ PPO Panel _____

State _____ PPO Panel _____ State _____ PPO Panel _____

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State _____ PPO Panel _____ State _____ PPO Panel _____

6. Number of benefit plans attached _____

7. New or renewing group on NationCare New Renewing

8. Number of full-time employees _____ Number of part-time/seasonal/temporary employees _____

Total number of employees _____

FOR MASTER GROUP POLICY: (SLIC LGPOL 5/11) providing major medical coverage with benefits outlined in the attached Benefit Plan.

DESCRIPTION OF ELIGIBLE PERSONS, COVERED PERSON/INSURED CONTRIBUTION, POLICYHOLDER CONTRIBUTION, AND PARTICIPATION REQUIREMENTS:

Eligibility, Prepayment and Enrollment Criteria

Mandatory employee eligibility and enrollment requirements that Employer's group must satisfy as a condition to the initial and continued effectiveness of this contractual arrangement are as follows:

1. Scheduled hours of work per week _____
2. Average scheduled hours of work per week over the previous consecutive 90-day period _____
3. Required minimum employee enrollment (if applicable) _____
4. Portion of Prepayment Fee to be contributed by Employer
 - a. Single _____%
 - b. Two Party _____%
or
EE + Spouse _____%
EE + Child _____%
 - c. Family _____%
or
EE + Spouse _____%
EE + Child _____%
5. Children must be covered up to age 26.
6. Retiree coverage Yes No If covered, "retiree" means _____
7. Eligible employees granted a leave of absence by Employer up to 60 days or up to 12 weeks if the employee is on leave under the Family Medical Leave Act. For any employer who grants leaves of absence for eligible employees, including long term sick leave, that would fall under the definition of a Family Medical Leave Act (FMLA), the required leave of absence will run concurrently with any required FMLA leave of absence. Leave time can only be accrued and used by the employee using the leave time. Leave Banks beyond the legally allowed 12 weeks of FMLA, where employees share or purchase leave time from other employees, are not allowed.
8. Newly hired eligible employees who enroll within 31 days of eligibility for coverage will be covered on the first of the month following the eligibility waiting period outlined below.

If an eligible employee misses twenty (20) or more consecutive workdays due to a medical condition, the waiting period will be extended by the number of days the member was out due to that condition.

10. Leased employees and independent contractors are not eligible for coverage by plan.
11. Coverage will terminate on the end of the month in which termination of eligibility occurs.
12. Coverage for Domestic Partners Yes No

This Application is attached to and made a part of SLIC Group Policy# _____
and effective _____. It cancels and replaces all other applications, if any, attached to the Group Policy.
MM/DD/YYYY

This Application will be void if not signed and returned to the Company prior to _____.
MM/DD/YYYY

Date _____
MM/DD/YYYY

Applicant _____

Agent _____

Signature of Officer _____

Official Position _____