



P. O. Box 1650  
Little Rock, AR 72203

## Employer Group Trust Participation Application & Agreement

TYPE OR PRINT IN BLACK INK

OFFICE USE ONLY
Group # _____
BCBSNC Grp # _____
Effective Date _____

1. Legal Name of Employer _____	Taxpayer ID# _____
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2. Mailing Address _____	City _____	State _____	Zip+4 _____
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3. Street Address (if different from above) _____	City _____	State _____	Zip+4 _____
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4. Name of CEO, President or Owner of Company _____	Name of Insurance Contact at Company _____	Telephone Number _____	Fax Number _____
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5. Nature of Business _____	Effective as of 12:01 a.m. _____ Mo. _____ Day _____ Yr.	SIC Code _____	Premium Deposit _____	Billing Mode <b>Monthly</b>
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6a. Waiting Period Premium Due Date following completion of _____ days	6b. Waiting Period applies to: <input type="checkbox"/> Future Employees Only <input type="checkbox"/> Present & Future Employees	Number of Employees Eligible _____ Enrolled _____
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7. Life/AD&D (minimum benefit \$15,000; maximum \$100,000) Employer Contribution \_\_\_\_\_ %

\$ \_\_\_\_\_ per employee

1 times annual income to a maximum of \$ \_\_\_\_\_ (excluding bonuses, overtime, or extra pay) rounded up to the next \$1,000

2 times annual income to a maximum of \$ \_\_\_\_\_ (excluding bonuses, overtime, or extra pay) rounded up to the next \$1,000

All employees according to the following occupational schedule:

Class	Job title, as shown on enrollment form	Life/AD&D Amount	STD Amount (if elected)

(No Class may have a benefit greater than 2 1/2 times the amount for the next lower class.)

8. Dependent Life (Only available if Life and AD&D selected) Employer Contribution \_\_\_\_\_ %

<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Plan 1	<input type="checkbox"/> Plan 2	<input type="checkbox"/> Plan 3
Spouse	\$2,500	\$5,000	\$10,000
Child (from live birth to 6 months)	\$250	\$500	\$1,000
Child (6 months to age 19)	\$2,500	\$5,000	\$10,000

to age 26 if full-time students

9. Short Term Disability (Only available if Life and AD&D selected) Employer Contribution \_\_\_\_\_ %

Elimination Period: 1st day Accident and 8th day Sickness

Benefit Duration:  13 weeks  26 weeks

Benefit Amount:  Percentage of weekly income:  66 2/3%  60% Maximum of \$ \_\_\_\_\_

Flat Amount of \$ \_\_\_\_\_ per week for each employee (not to exceed 66 2/3% of weekly income).

Class Defined Plan (fill in the STD Amount column in number 7 above).

Maximum: The maximum weekly STD benefit is \$500, and the benefit may not exceed 66 2/3% of an insured's weekly income (excluding bonuses, overtime, or any form of extra pay).

10. General Conditions
- Eligibility: All full-time employees who work a minimum of 30 hours per week.
  - Employees must be actively at work on their effective date for coverage to be effective.
  - Participation: Contributory Plans - 75%; Noncontributory Plans - 100%.
  - Maximum Life and AD&D Benefit \$100,000.
  - Evidence of Insurability is required on Life and AD&D amounts in excess of the guaranteed issue and on all late applications for contributory coverage. Guaranteed Issue based on Group Size is: 2 to 9 lives – \$35,000; 1 life – \$15,000
  - Life and AD&D insurance reduces by 35% at age 65 and 50% of the original amount at age 70.
  - All benefits terminate at retirement.

# Group Trust Participation Agreement

This Participation Agreement relates to participation in the following group insurance trust policy:

1. **Name of Policyholder:** The Trustee of the USABLE Life Group Insurance Trust  
**Situs of Trust:** Little Rock, Arkansas
2. **Group Policy Number:** 20004100-TGL
3. **Effective Date of Policy:** October 1, 2005
4. **Name of Insurance Company:** USABLE Life
5. **Eligible Participants:** A North Carolina employer with at least one but less than 10 eligible employees on the date of issue.

## Request for Participation:

I hereby apply for participation in the group insurance trust policy identified above. To the best of my knowledge, all responses on this application are complete and true. I understand and agree that:

- This application for participation will also be offered as an inducement for the issuance of group insurance. It will form a part of the group policy identified above.
- The Participating Employer will furnish and maintain the records necessary for the administration of the plan and will report changes to and from the group.
- The Participating Employer will remit all premiums which become due and payable on the first day of each premium period. In the event coverage is terminated due to non-payment of premium the Participating Employer will be liable for all premiums for coverage provided during the 31 day grace period. Any offer to reinstate coverage is made at the insurer's sole discretion.
- Only active, full time employees working the minimum number of hours per week specified on the participation application are eligible for coverage.
- Insurance under the group policy at the insurer's rates and under the terms and conditions of the policy will take effect when the application is accepted at the home office of the insurer . The effective date of insurance will be the first day of a premium period.
- The initial employee participation requirement (if applicable) is satisfied and must be maintained or exceeded in order for coverage to remain in force.
- If the application is not accepted, no insurance will become effective and any premium advanced will be refunded. No individual will be covered unless he or she is eligible under the terms of the policy.
- Insurance coverage on any individual shall become effective on the next premium due date coinciding with, or next following, satisfaction of any waiting period and receipt and approval of proper enrollment material (including evidence of insurability if required).
- If a present or new employee is not actively at work on the day he or she would ordinarily become insured, insurance will not begin until the employee returns to active work.
- That a copy of the Plan is maintained in USABLE Life's principal business office in Little Rock, Arkansas and is subject to examination by participating employers.

## Acceptance by Participating Employer

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Firm Name

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Signature

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Title

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Date

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Representative's Name (please print)

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Representative's Signature (Must be resident licensed agent)

## Acceptance by USABLE Life

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Signature

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Title

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Date