Underwritten by 5Star Life Insurance Company (a Baton Rouge, Louisiana Company)

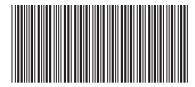
Admin Offices: 777 Research Dr., Lincoln, NE 68521 1-866-863-9753 • www.5starima.com

Agent use only—Agent#

INTERNAL USE ONLY:

Attachments: Initials:

Group Life Insurance Enrollment Form



NTG 1208 1

Use black or blue ink and print using all upper case letters.

New Enrollee Late Enrollee Name Change Coverage Change **Beneficiary Change** (Statement of Health must be completed.) **Employer Information Employer** Name **Employee/Applicant Information** Last Name First Name SSN **Female** Height Home Address: Street Line 1 Street Line 2 City **Daytime Phone Number Full-Time Employment Date Coverage Effective Date Employee Insurance Coverage Basic Group Basic Group** Life Amount AD&D Amount Amounts requiring Evidence of Insurability are subject to Statement of Health. Optional/Voluntary Optional/Voluntary **Group Life Amount** AD&D Amount Amounts requiring Evidence of Insurability are subject to Statement of Health. Voluntary (If coverage is earnings based) Earnings **Premium Amount Voluntary/Optional Dependent Insurance Coverage** Life Only Life and AD&D Spouse SSN DOB Premium Amount Sex Height Weight Coverage Amount Child 1

GERENROLL R1208 11/11

Sex

Sex

Sex

Sex

Height

Height

Height

Height

Weight

Weight

Weight

Weight

Coverage Amount

Coverage Amount

Coverage Amount

Coverage Amount

DOB

DOB

DOB

SSN

SSN

SSN

Child 2

Child 3

Child 4

Premium Amount

Premium Amount

Premium Amount

Premium Amount

Beneficiary Information

I designate my beneficiary(ies) to receive benefits as indicated below. The employee is the beneficiary for all dependent coverages. If more than one beneficiary is named, the beneficiaries shall share equally unless otherwise stated below.



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Prima	ry							
Secon	Name	Address		Relationship	SSN	DOB	%	
OCCOI	Name	Address		Relationship	SSN	DOB	%	
	Statement of He	alth (To be completed only for an	nounts of o	coverage requ	uiring evidence of ins	urability)		
	each question <u>TO THE BES</u> s in the chart below.	T OF YOUR KNOWLEDGE AND BEL	<u>IEF</u> . Circle t	the specific co	ondition and give full d	letails to any "	yes"	
	past 10 years, has any Applic	cant:					Yes	No
		lication declined, postponed, modified	d or rated?				(\bigcirc
or a dis- par II. In the health and s III. Has a Immu	any heart disorder, stroke, high ease (COPD) or any lung or res alysis, epilepsy, or mental, ne past 5 years, has any Applica n advisor for any disease not li creenings)? any Applicant ever been diagno anodeficiency Syndrome (AIDS	ted by a physician or health advisor for blood pressure, blood or circulatory of spiratory disorder, liver disorder, alcohorvous or emotional disorder?	disorder, dia nol or drug al nospital or m any surgical ed positive fo	betes, cancer, buse, kidney di edical treatmer operation or di or Human Imm	tumor, chronic obstruct sorder, disorder of the p nt facility or consulted a agnostic tests (excludin 	physician or g genetic tests V), Acquired	O	0
	"Yes" answers above, please o	complete the following. Attach addition						form.
Ques No.	Name	Condition, injury, findings of examination or prescription	Date (Mo/Yr)	Date of Recovery		ress of Hospita ling Physician		
		Conditions Relating	to This En	rollment Forn	n			
Insurance represented the service of	the Company. Agreement: I, as and that all statements and ansalt that all statements and ansalt that all statements and ansalt agree that: 1) upon approvate benefits and terms of cover a Life Insurance Company are receipt of the full first prece; 3) if within 60 days of receipt authorize payroll deducts. Authorization may be revoked by authorize payroll deducts. Authorization may be revoked physician; medical pract and the content of the	y for this group insurance as a full-tire semployee, have the appropriate knowers in this enrollment form are com I of this enrollment form by 5Star Life rage provided under the Master Ground is subject to the health relating mium, in which case the coverage eipt of all required documentation thinotified. Note: Within the time limits covered person commits suicide whick the time form my earnings of the required ded by me at any time by written not come effective until I apply again for itioner; hospital; clinic; insurance con records of my financial, physical or resuch information. I understand that the trollment form at any time by providing lid for 24 months from the date below you me or my authorized representatives.	owledge to a applete, true as a polete, and a po	answer the sta and correctly re Company, it ar coverage app rson to be cov effect as of th t form is not ap by the law of t asane. Refer to any, toward th mployer. I unde a accordance v bloyer; financia th condition to tion will be use otice. A photoe ledge that I am a must be pers	tement of health questive corded TO THE BEST of the Certificate of Insulied for will not become red being as describe effective date as shoproved, it will become he state where you live your Certificate of Insular cost of such insurance retand that if my employith the terms of the Grinstitution; Medical Intigive 5Star Life Insurance do determine my eligical popy of this authorization entitled to receive a contract of the cost of such insurance of the terms of the Grinstitution; Medical Intigive 5Star Life Insurance of the cost o	ons for my dep OF MY KNOWI urance issued to ne effective un ed in this enro nown in the Ce void and any p e, no benefits w urance for detail te for myself and oup Policy. I he formation Burea ce Company, its ibility for covera on shall be as va opy of this author	endents LEDGE o me w ntil app ollment ertificat oremiun vill be pa s. Auth d my fa nated, u ereby au au; or N s author age and alid as f	s. I AND vill de- vroved form, te of ms aid noriza- amily upon uthorize Vlotor rized d that the
	Signed at (City, State) _							

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. Not available in all states • Admin Offices: 777 Research Dr., Lincoln, NE 68521 • 1-866-863-9753 • www.5starima.com