

Please refer to your proposal to complete this application. This document will form part of any contract issued. Print clearly in black ink, and answer all questions or indicate "not applicable."

Plan Selection

Basic Employee Life and Accidental Death and Dismemberment

- Flat Amount—indicate level: \$ _____
- Salary Plan—options are 1x to 6x salary, rounded to the next highest \$1,000. Indicate salary level: _____ x Salary
- Position Schedule—classifications cannot exceed 2.5 times between each class and 10 times between the lowest and highest class.

Class	Description	Benefit Amount/ Salary Factor
I	_____	_____
II	_____	_____
III	_____	_____
IV	_____	_____

Basic Dependent Life: No Yes
 If yes: \$10,000/\$5,000 \$5,000/\$2,500
 Available only to employees enrolled for Basic Life.

Voluntary Employee Life: No Yes
 If yes: AD&D No Yes

Voluntary Dependent Life: No Yes
 Available only to employees enrolled for Voluntary Life.

Portability of coverage:
 Groups 2-99: Included
 Groups 100+: No Yes

Underwriting Requirements

- Basic Life coverage is available to employers with two or more enrolled employees.
- Voluntary life coverage is available to employers with five or more enrolled employees.
- If the only employees of a two-life group are husband and wife, each must enroll separately as an employee and maintain eligibility. The group is only eligible if a bona fide business entity exists.
- Minimum employer contribution toward employee premium is 50%. This minimum does not apply to voluntary coverage.
- Retirees are not eligible for life coverage.
- Excluded class options: hourly, salary, union, non-union, management, non-management.
- If you do not meet and maintain eligibility, contribution, underwriting, and participation requirements, we will terminate your coverage.

Basic Term Life participation

- Non-contributory plans—100%
- Contributory plans—75%
- Single medical carrier: You must have 100% participation of all eligible employees for this coverage, regardless of whether they have medical coverage through their spouse for non-contributory plans. For contributory plans, 75% participation required; minimum employer contribution 50%.
- Multiple medical carrier: If you offer more than one medical carrier, you must enroll 100% of those employees who take our coverage regardless of the percentage of contribution paid by you.

Voluntary Term Life participation

- Five employees or 25%, whichever is greater.

Group Information

How much will you contribute to basic life premium? Employee _____% Dependent _____%

Thank you for choosing Humana.