

| Number of Employees | Number of Employees Insured for | Number of Employees Waiving Coverage | Number of Employees on Continuation of Coverage |
|--|---------------------------------|--------------------------------------|---|
| Full Time _____ | Life/AD&D _____ | Life/AD&D _____ | COBRA _____ |
| Part Time _____ | Dependent Life _____ | Dependent Life _____ | State _____ |
| Retired _____ | Health _____ | Health _____ | |
| Are retirees covered under this plan? <input type="checkbox"/> Yes <input type="checkbox"/> No | Dental _____ | Dental _____ | |
| | Vision _____ | Vision _____ | |
| Contract or leased _____ | WI _____ | WI _____ | |
| Total _____ | | | |

The Employer understands and agrees that:

1. No insurance will become effective without the written approval of American Community.
2. The eligibility, participation requirements, pre-existing conditions provision and cost-containment/PPO requirements have been discussed with and explained by an American Community representative or the agent.
3. This application shall become a part of the contract issued by American Community.
4. All known ongoing serious illnesses and/or large claims (exceeding \$10,000) in the last 2 years have been disclosed to the agent and American Community.
5. Any incomplete, incorrect or misleading answers may void the insurance contract at American Community's option.
6. The employer will be required to sign the final acceptance of benefit selection, rates and effective date of coverage.

Dated at

Date

Employer's Authorized Signature

Witness (Licensed Resident Agent's Signature)

Agent's Number

Agent's Name (Print)

Agent's Phone Number

Agent's Fax Number

Legal Notice

Returned Check Fee: For groups issued in all states, **except** Nebraska, if any premium payment made directly by check is returned for nonsufficient funds, a \$20 nonrefundable service fee will be applied. This fee will be due with your next premium payment.

Ohio residents: Any person, who, with intent to defraud or knowingly facilitates a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Pennsylvania residents: We are required by Pennsylvania law to inform you of the following: "Any person who, knowingly and with intent to defraud any insurance company or other person, files an application of insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties."