



UNICARE Life & Health Insurance Company

Application for Group Insurance

Applicant's Full Legal Name: _____

The Applicant hereby applies for a Group Insurance policy to be issued by UNICARE Life & Health Insurance Company (the Company). The Company shall not be bound except upon written acceptance at an authorized UNICARE office.

The Applicant is: [] a corporation [] a partnership [] a proprietorship

If it is another form of entity, describe fully: _____

The name of the Agent or Broker of Record is: _____

The Company may rely on the following answers about the group to be insured:

- 1. Are any members of the group now so disabled as to be unable to do the usual duties of their occupation? [] Yes [] NO
2. If the group has had a similar insurance plan, a. Have medical care benefits paid by that plan in the last two years for any one member of the group or dependent exceeded \$15,000? [] Yes [] NO b. Are extended benefits provided by the insurer for group members and dependents who may be disabled when that plan is replaced? [] Yes [] NO
3. To the knowledge of the Applicant, a. Has any member of the group or dependent been rated or declined by an insurer for life or accident and health insurance? [] Yes [] NO b. Is any dependent now hospital confined due to mental illness? [] Yes [] NO

If any question is answered "yes," explain in full on a separate page and attach to this application.

It is requested that the policy be effective _____. Agreement on its terms will be evidenced by the Company's issuance of the policy and its signed acceptance by the Applicant.

The Applicant has made a deposit of \$_____ for the requested policy. That deposit is not an insurance premium. If the Company approves this application it shall determine the amount of the premium due at that time. Then, in return for such approval, the Applicant agrees to pay any excess of the premium due over the deposit. Such amount shall be paid within 30 days after the Company's written notice of the amount due.

On any date the Company may find that either: (a) it will not issue the requested group insurance policy; or (b) the Applicant will not accept the policy offered. Then, any benefit claims paid by the Company will be deducted from any and all deposits or other funds given by the Applicant. Within the following 30 days: (a) any deficit in the funds so applied will be paid by the Applicant; or (b) any excess in such funds will be returned to the Applicant by the Company.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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 with respect to the persons residing or located in New York, will also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation.

Signed at: _____ (city & state)

on _____ (date)

by _____ (signature of authorized officer)

Print Name: _____

Title _____

_____ (witness or corporate seal)