



BEST Life and Health Insurance Company

P.O. Box 19721, Irvine, CA 92623-9721
(800) 433-0088 • (949) 222-1004 fax
www.bestlife.com

Group Term Life Application

APPLICANTS INFORMATION

Form section for APPLICANTS INFORMATION containing fields for Name of Group Applicant, Industry, SIC Code, Name and Title of Employer Contact, Email Address, Phone Number, Street Address, City, State, Zip, Fax Number, Employer's I.D. Number, Details of any subsidiaries or affiliates to be insured, Type of Business, Amount of Premium Submitted, Percent of Premium Paid by Employer, Waiting Period, Requested Effective Date of Insurance, Definition of eligible employees, Total Number Eligible, and Does this insurance replace existing insurance with any company?

NOTE: There is an "actively at work" requirement for coverage to be in force. Employees not able to work or dependents not able to perform the normal activities for their age will not be insured until this requirement is satisfied.

LIFE COVERAGE

(Check Coverage Desired)

Form section for LIFE COVERAGE with checkboxes for Group Life Insurance, Accidental Death & Dismemberment, Supplemental Life, Dependent Life Insurance, and Other.

Table with 3 columns: Class Description, Scheduled Amount, and Reduction Schedule. It contains five rows for different classes.

Special Requests:

Changes in coverage amounts are effective on the: [ ] Policy anniversary date [ ] First of the month following the change

The receipt of an Accelerated Death Benefit may be taxable. The Insured should seek assistance from a personal tax advisor with respect to receipt of this benefit. No representation, as to any issue of taxation of this benefit, is made by BEST Life.

FRAUD WARNING

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

The group insurance for which you are applying will not be effective until BEST Life and Health Insurance Company determines that your group meets certain underwriting standards. You will be notified of your acceptance.

Form section for signature and contact information, including Applicant Name and Title, Signature (applicant), Date, Agent Name and License Number, Agent Signature, Agency Name and Address, Agent Phone Number, Agent Fax Number, Agent Email Address, and checkboxes for where the New Client Kit should be sent.