GROUP SHORT TERM DISABILITY INCOME EMPLOYEE ENROLLMENT FORM

Administered by:
Companion Life Insurance Company
800 Main Street, P.O. Box 1535
Dubuque, IA 52004-1535
Telephone Number: 877-676-5789
Fax: 563-557-3351

Underwritten by: Companion Life Insurance Company

Companion Life

P.O. Box 100102 | Columbia, SC 29202-3102
800-753-0404 (Phone)|800-836-5433 (Fax)

Companion Life Insurance Company			**Companion Life Use ONLY**
☐ New Employee	☐ Change Address	☐ COBRA	Approved: ☐ Declined: ☐
☐ Add/Increase Coverage	☐ Change Beneficiary		Date: _____
	☐ Change Class or Status		By: _____
	☐ Terminate Coverage		

POLICYHOLDER INFORMATION – to be completed by the Policyholder or Group Administrator

Employer Name: _____ DBA:_____

Group Number: _____ Dept/Div. Number: _____ Class:_____

ENROLLEE INFORMATION (PLEASE PRINT) – to be completed by the Employee/Enrollee

Last Name (Include Jr., Sr., etc.)	First Name	M.I.
Street Address	City	State/Zip
Social Security Number	Primary Phone Number Work Phone Number	Email Address

Male ☐ Female ☐	Date of Birth(MM-DD-YY)	☐ Weekly ☐ Monthly ☐ Annually Earnings$_____ Do not include overtime or bonuses.	
Marital Status ☐ Single ☐ Married	Occupation	Hours Worked Per Week _____	Hire Date: Coverage Effective Date:

Beneficiary (Last/First/MI)	Relationship

PLAN AND COVERAGE SELECTION

☐ Voluntary Short-Term Disability

If More Space Is Needed, Please Attach A Separate Sheet, Signed And Dated By The Enrollee.

VOLUNTARY SHORT-TERM DISABILITY

1. **Primary Beneficiary for Employee Coverage/Relationship:**

Last	First	M.I.	Relationship to Insured

Secondary Beneficiary for Employee Coverage/Relationship:

Last	First	M.I.	Relationship to Insured

2. **BENEFITS**

Benefit Levels – Standard Option:

Select the Benefit Level (A-LL) that meets your needs from the chart below and enter the Benefit Level letter in the box on the right.

Benefit Level	Weekly Benefit	Your Annual Salary must be at least	Benefit Level	Weekly Benefit	Your Annual Salary must be at least
A	$150	$11,700	T	$1100	$85,800
B	$200	$15,600	U	$1150	$89,700
C	$250	$19,500	V	$1200	$93,600
D	$300	$23,400	W	$1250	$97,500
E	$350	$27,300	X	$1300	$101,400
F	$400	$31,200	Y	$1350	$105,300
G	$450	$35,100	Z	$1400	$109,200
H	$500	$39,000	AA	$1450	$113,100
I	$550	$42,900	BB	$1500	$117,000
J	$600	$46,800	CC	$1550	$120.900
K	$650	$50,700	DD	$1600	$124,800
L	$700	$54,600	EE	$1650	$128,700
M	$750	$58,500	FF	$1700	$132,600
N	$800	$62,400	GG	$1750	$136,500
O	$850	$66,300	HH	$1800	$140,400
P	$900	$70,200	II	$1850	$144,300
Q	$950	$74,100	JJ	$1900	$148,200
R	$1000	$78,000	KK	$1950	$152,100
S	$1050	$81,900	LL	$2000	$156,000

Benefit Level Selected

The Weekly Benefit selected cannot exceed 66 2/3% Of Basic Weekly Earnings.

AUTHORIZATION FOR DEDUCTION

I ☐agree ☐ do not agree to have the certificate documents delivered to the Policyholder electronically.

I elect the Short-Term Disability coverage selected for which I am eligible. If any contribution from me is necessary to pay part of the cost of insurance, I authorize my Employer to deduct the contribution from my wages. I affirm, to the best of my knowledge and belief, that all information given by me on this form is true and complete. I have read or had read to me any Fraud notice below applicable to my state of issue of this enrollment form.

Enrollee's Signature:_____ **Date:**_____

REFUSAL/WAIVER – Complete ONLY if you are declining coverage.

I have been offered Short-Term Disability Insurance by my Employer and decline to purchase it at this time. I understand that in the event I desire such insurance at a later date, I will be required to furnish evidence of insurability satisfactory to Companion Life Insurance Company, at my own expense, and the company shall have the right to refuse any request.

Enrollee's Signature:_____ **Date:**_____

NOTICE TO ENROLLEE – DETACH AND GIVE TO ENROLLEE

In connection with your application for insurance as part of our normal underwriting procedure, an investigative consumer report may be obtained, including, if applicable, information as to character, general reputation, personal characteristics and mode of living. This information is obtained through personal interviews with your friends, neighbors and associates. Upon written request, received within a reasonable time, additional, detailed information concerning the nature and scope of this investigation will be provided.

Please See Page 3 for Companion Life Insurance Company Fraud Notices

FRAUD NOTICE

Any person who knowingly presents a false statement of insurability for insurance may be guilty of a criminal offense and subject penalties under state law.