

I hereby certify • I asked all questions and accurately and fully recorded all information given by the applicant • I advised the applicant not to terminate existing coverage unless, and until, the administrator notifies him/her, in writing, that this application has been approved • I used only advertising approved by the Insurer to solicit this application, I told the applicant nothing inconsistent with the approved advertising about the benefits/coverage(s) • I didn't guarantee the Insurer's approval of the application or issuance of coverage(s) • I didn't tell the applicant that the Insurer will cover any pre-existing condition(s) • I made no false, misleading, or deceptive statements and complied with all applicable insurance laws, underwriting requirements, and the market/sales standards maintained by the Insurer.

I understand that I'm liable for my acts and omissions to the extent provided by law, I understand I have no authority to alter this application, bind the Insurer by making promises and/or representations, or to waive or change the terms, conditions, and/or provisions of the policy(ies) or any requirement imposed by the Insurer. I understand I represent the employer, not the Insurer.

Signature of Writing Agent _____ Date _____
Month Day Year

Print Name _____

Agent's Social Security Number _____

This statement applies if you select one of our products which includes wellness or one of our products in which wellness is an option and you have elected the option.

"This policy contains comprehensive adult wellness benefits as defined by the Wyoming Insurance Code. For a further description of these benefits, please refer to Section V.B.3.k of the policy certificate."

This statement applies if you select one of our products which does not include wellness or one of our products in which wellness is an option and you have not elected the option.

"This policy does not contain comprehensive adult wellness benefits as defined by the Wyoming Insurance Code."

 Employer Signature

 Agent Signature

New Group Enrollment materials should include the following information:

- ✓ Employer's Subscription Agreement
- ✓ An Employee Application for each eligible employee
- ✓ A check for the first month's premium, made payable to CBSA
- ✓ Quote
- ✓ A copy of the group's most recent Quarterly Wage and Tax Report (Account for any employee that appears on the statement but did not enroll for coverage)
- ✓ A copy of the most recent prior carrier's bill (Account for any employee that appears on the bill but did not enroll for coverage)
- ✓ Each employee's effective date of coverage with the prior carrier for pre-existing credit
- ✓ Copies of HIPAA Certificates of Creditable Coverage for those employees/dependents who had health insurance with a carrier other than through the employer's plan

Medical, Dental and Disability Insurance

Underwritten by

Guarantee Trust Life Insurance Company

Glenview, Illinois

Life and AD&D Insurance

Underwritten by

Jefferson Pilot Financial Ins. Company

Omaha, Nebraska

Administered by



**CORPORATE BENEFIT
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