



Northwest Marketing Resources, Inc

New Business Checklist for

FDI Group – Security Life Voluntary Vision

- _____ Master Application Completed and signed by Officer of Corporation. Dental and/or Vision.
- _____ Employee Apps for Vision only GHA-1157E.
- _____ Check for first months premium made payable to Financial Design, Inc (or FDI, Inc.) include \$10.00 monthly billing fee.
- _____ We must have the case by the last day of the month proceeding the requested effective date.

- _____ You must be appointed with Security Life.

- _____ Mail all completed forms to: Northwest Marketing Resources
PO Box 447
Olympia, WA 98507

- Street Address: 522 Franklin St. SE
Olympia, WA 98501

APPLICATION FOR GROUP INSURANCE
SECURITY LIFE INSURANCE COMPANY OF AMERICA
Minnetonka, MN

Administered by:
FDI Group
P.O. Box 8023
Novi, MI 48375

GROUP INFORMATION

Group Name
Address
Contact Person
Telephone Fax: Email:
Number of Eligible Employees Number of Enrolled Employees:
Tax ID # Effective Date Requested:

PREMIUMS EMPLOYEE PARTICIPATION

Table with columns: Employer Paid, Employer Voluntary, Employee Paid, Employee Voluntary. Rows: Single, Employee+1, Family.

ELIGIBILITY INFORMATION

To be eligible, an employee must work 30 or more hours per week, and must be actively at work on the effective date of coverage. If not, coverage will be effective on the first day of the month following return to active employment.

Employee Waiting Period:
Waiting Period (Current Employees):
Waiting Period (New Employees):

PREMIUMS

The 1st months' premium is due with initial enrollment. All additional premiums are due on the 1st day of the calendar month of coverage.

Initial Premium Amount due \$ Amount received \$

Additional Information

STATEMENT

It is agreed that the Policy will become effective at rates to be determined by Us., provided the application is accepted by Us. The Applicant declares that to the best its knowledge and belief that statements and answers are complete and true.

Dated at this day of
Applicant: Agent:
Printed Name: Printed Name:
Title: Tax ID:

Vision Insurance Plan

Marketed by
FDI Group Inc.

Enrollment Form

Underwritten by: Security Life Insurance Company of America, Minnetonka, MN

EMPLOYER INFORMATION

Employer Name :	Policy #:	Date of Full-Time Hire:
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EMPLOYEE INFORMATION

<input type="checkbox"/> New Group Enrollment <input type="checkbox"/> Family Addition <input type="checkbox"/> Late Enrollment <input type="checkbox"/> New Hire <input type="checkbox"/> Re-hire <input type="checkbox"/> Decline					
Last Name	First Name	M. I.	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security No.	Birth date
Home Street Address				Home Phone ()	
City	State	Zip	Work Phone ()		

FAMILY INFORMATION List only those eligible family members who are enrolling.

Spouse	Last Name	First Name	M. I.	Birth date	Social Security No.
<input type="checkbox"/> Male <input type="checkbox"/> Female					
<input type="checkbox"/> Son <input type="checkbox"/> Daughter					
<input type="checkbox"/> Son <input type="checkbox"/> Daughter					
<input type="checkbox"/> Son <input type="checkbox"/> Daughter					

I authorize my employer to deduct any required contribution from my paycheck throughout the term of the Policy between my employer and Security Life Insurance Company.

Signature: _____ Date: _____
GHA-1157E

All dependent children listed above over Age 18 are full time students: Yes <input type="checkbox"/> No <input type="checkbox"/> If No, who is not _____

IMPORTANT FRAUD NOTICES

Arkansas

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly present false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Colorado

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

New Mexico

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

Ohio

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.

Pennsylvania

Any person who knowingly and with intent to defraud any insurance company or other person files an application for 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 to and civil penalties.

Virginia

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.