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Employer Group Insurance Application

ZURICH

Products are underwritten by Zurich American Life Insurance Company

Administrative Office
PO Box 7728
Overland Park KS 66207-0728

Phone: 800.206.8826
Fax: 877.856.2269

Section 1: Employer Information

☐ Corporation ☐ Partnership ☐ Proprietorship ☒ Other

Kootenai County - Post Falls School District 273
Employer's legal business name

206 W Mullan Ave
Street address

Post Falls ID 83854
City State Zip

~~206 W Mullan Ave~~ P.O. Box 40
Mailing address (If different than above)

Post Falls ID ~~83854~~ 83877
City State Zip

Wendy Lee
Benefits contact person

~~Benefits Admin~~ CFO, Director of Business Svcs, Treasurer
Title

208-773-1658
Phone number

208-773-3218
Fax number

wlee@sd273.com
Email address

Name and address of any subsidiary or affiliate to be included

Mail administrative kit to: ☒ Employer ☐ Producer

Section 2: Requested Effective Date

September 1st 2021
Month Day Year

Section 3: Premium Deposit

Check all that apply:
☒ Employer will pay all plan costs up to 50K For Basic Term Life & AD & D
☒ Employees will pay part of the plan costs. Varies % contributed by each employee For Supplemental
☒ Retirees will pay all costs via PERSI

Premium deposit (1st month due in advance)

A check made payable to Zurich American Life Insurance Company must accompany this Application.

Section 4: Plan Options

☒ Basic Term Life Coverage
- ☒ Accidental Death and Dismemberment Coverage
- ☐ Dependent Life Coverage

☒ Supplemental Term Life Coverage
- ☒ Accidental Death and Dismemberment Coverage
- ☐ Dependent Term Life Coverage

☐ Short Term Disability Coverage
- ☐ Supplemental

☐ Long Term Disability Coverage
- ☐ Supplemental

Section 5: Signature of Employer

The undersigned employer submits this application for group insurance coverage underwritten by Zurich American Life Insurance Company (the "Insurer"). The employer understands that the benefits provided by the Insurer are subject to the terms of the group insurance policy(ies) issued by the Insurer. The employer understands that no contract is in effect, and no coverage is in force, until a Group Insurance Policy has been issued to the employer by the Insurer and the employer has paid the required premium. The employer agrees to remit to the Insurer regularly in advance the required monthly premium contributions for insurance benefits provided under the group policy(ies) issued to the employer, and the employer understands that failure to pay billed premiums will result in automatic termination of insurance coverage at the end of the applicable grace period(s). In that case the employer will owe and agrees to pay the premium due for the grace period. The employer agrees to offer the insurance provided under the group polic(ies) to all the employer's present and future new employees in eligible classes as defined in the Group Insurance Policy. Unless otherwise agreed to in writing with the Insurer, the employer is responsible for all employment and tax requirements pertaining to providing benefits to employees. On behalf and as a duly authorized representative of the employer, I certify that all information contained in this Application is true and complete to the best of my knowledge and belief.

Dated at Post Falls, Idaho (City and State) on 09/27/2021 (Month/Day/Year)

Kootenai County Post Falls School District 273
Employer's legal business name

Wendy J Tee
Signature of duly authorized officer of the employer

CFO, Director of Business Services Treasurer
Title

A signed copy of this form received by electronic transmission will be deemed to be an original.

Is the benefit plan, for which insurance is being requested, subject to the requirements of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended? ☐ Yes · ☒ No

If Yes, identify the Plan Number: _____

Section 6: Producer Information

Advanced Benenfits Name of Producer *(If no producer, the sales representative will complete this section.)*	graded scale Commission
Chris Keim Contact Name	208-664-3482 Phone Number
chris@trustab.com E-mail Address	208-664-3842 Fax Number
2448 N Meritt Creek Loop Street Address	Coeur d' Alene ID 83814 City State Zip

To the best of my knowledge all statements in the Employer's Request for Group Insurance are complete and true. If I am not already appointed with Zurich American Life Insurance Company, I understand and agree that before I present this product to any customer, I must apply to be appointed with Zurich American Life Insurance Company. The customer has been advised by me not to terminate any existing coverage until receiving notice that the coverage being applied for is accepted. I agree that I have no right to bind this coverage, alter terms of the insurance contract or Employer's Group Insurance Application, or adjust any claim for benefits under the insurance contract.

Replacement: Will the coverage requested replace group life or disability coverage currently in force? ☐ Yes ☒ No

DocuSigned by:
Chris Keim
3307489689BA4EE...
Signature of Producer

Section 7: Standard Fraud Language

All states, except as listed below:

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 may be guilty of a crime and may be subject to fines and confinement in prison.

Alabama Arkansas, Louisiana, Rhode Island, and West Virginia: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit and knowingly or willfully presents 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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder 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.

DC: 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 fines and confinement in prison.

Minnesota: Any person who knowingly and with intent to injure, defraud, or deceive any insurer, files a statement containing any false, incomplete or misleading information is guilty of a felony of the third degree.

Kansas: 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 may be guilty of insurance fraud as determined by a court of law.

Kentucky: 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.

Maine, Tennessee, Washington: 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.

New Mexico: Any person who knowing presents a false or fraudulent claim for a 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 and Texas: Any person, who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, commits insurance fraud, which is a crime and subjects the person to civil and criminal penalties.

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 and civil penalties.