COLONIAL LIFE & ACCIDENT INSURANCE COMPANY, PO BOX 1365 COLUMBIA, SC 29202 ENROLLMENT FORM - GROUP TERM LIFE INSURANCE

Application Type: Initial Request Annual Enrollmer	Late Applient Change in		Rehire Increase		1
Note: If you DO NOT ENROLL for covera apply for coverage over any Guaranteed	age for you or your d Issue amount, you w	ependent(s)	during the inition	al enrollment perio idence of Insurabil	d, and / or you ity form.
SECTION 1: EMPLOYEE (APPLICANT)	INFORMATION - A	Always comp	olete		
Proposed Insured Name (First, MI, Last)		Gender M D F D	ARREST CONTRACTOR OF THE PROPERTY OF THE PARTY OF THE PAR	m/dd/yyyy) Soc	ial Security No.
Home Address – Street	City	State	Zip Code	Emple	oyee ID/Payroll No.
Email Address				Phone No. ess Phone No.	
Date Employed Occupation/Job Title		Annual Ba Salary	week	rked/ Employee	Class
Employer Name	Employer Address	(Street-City-S	State-Zip)	Se	ection/Dept. No.
SECTION 2: COVERAGE INFORMATION	N – Always comple	ete			
Coverage Elections			Plan Code	Face Amount	Monthly Premium
Employee If multiple of salary, indica	te multiple selected	7()			
Spouse					Language Control
Dependent Children					
Is a suite being applied for? Yes No	Rider Plan Code:				
				Total Premium	
SECTION 3: SPOUSE/DEPENDENT CH dependent children coverage	IILDREN INFORMA	TION – Com	plete only if a	pplying for spou	se and/or
Name (First, MI, Last)	Gender Birthdate (mm/dd/yyyy) R		elationship	Social Security No.	
	M	(mm/dd/y	999)		
	М				2
	M				
	F G				
	F		-		
SECTION 4: BENEFICIARY INFORMAT	ION – Employee or	nly			
Beneficiary's Name (First, MI, Last)	Primary Contingent	Age Benef	it % Relation Insured	ship to Proposed	Social Security No.
Beneficiary's Name (First, MI, Last)	Primary Contingent	Age Benef	it % Relation Insured	ship to Proposed	Social Security No.

GTL - Enroll - NC

Fraud Warning Notice

For all states	Any person who knowingly and with the intent to defraud any insurance company or other person files an
except those	application for insurance or statement of claim containing any materially false information or conceals for
listed below:	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.
Arizona	For your protection Arizona law requires the following statement to appear on this form. Any person who
	knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil
	penalties.
Arkansas,	Any person who knowingly presents a false or fraudulent claim for payment for a loss or benefit or
Louisiana and	knowingly presents false information in an application for insurance is guilty of a crime and may be
West Virginia	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 and 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.
District of	WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of
Columbia	defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an
Columbia	insurer may deny insurance benefit if false information materially related to a claim was provided by the
	applicant.
Florida	All statements and information found in the application are deemed representations and not
i iorida	warranties. Any person who knowingly and with intent to injure, defraud, or deceive any insurer
	files a statement of claim or an application containing any false, incomplete or misleading
	information is guilty of a felony of the third degree.
Kentucky,	Any person who knowingly and with the intent to defraud any insurance company or other person files an
Kansas and	application for insurance or statement of claim containing any materially false information or conceals for
North Carolina	the purpose of misleading information concerning any fact material thereto commits a fraudulent
North Oaronna	insurance act, which is a crime and may subject such person to criminal and civil penalties.
Maine and	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for
Washington	the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of
washington	insurance benefits.
New Jersey	Any person who includes any false or misleading information on an application for an insurance policy is
New Jeisey	subject to criminal and civil penalties.
New Mexico	ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRUADULENT CLAIM FOR PAYMENT
MEAN INIGXICO	OR LOSS OR BENEFIT OR KNOWINGLY PRESENTS A FALSE OR FRUADULENT CLAIM FOR PAYMENT
	FOR INSURANCE MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.
Oklahoma	WARNING: Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes
Chianoma	any claim for the proceeds of an insurance policy containing any false, incomplete or misleading
Orogon and	information is guilty of a felony.
Oregon and	Any person who makes an intentional misstatement that is material to the risk may be found guilty of
Texas	insurance fraud by a court of law.
Donnoulyand	May be as a whole a continuous and with intent to a defended
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. If coverage is
•	contested, the company's only obligation will be to refund all premiums paid.
Tennessee	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for
	the purposes of defrauding the company. Penalties include imprisonment, fines and denial of coverage.
Virginia	Any person who, with the 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 may have violated state law.