

Please type or print

REQUESTED EFFECTIVE DATE 1/1/2022

APPLICANT

Full Legal Name of Group (Exactly as it is to be shown in the policy.)
City of Fort Lauderdale

Street Address 100 N. Andrews Ave. 3rd floor

City Ft. Lauderdale **State** FL **Zip Code** 33301

Phone No. (954) 828-5436 **Fax No.** (954) 828-5328 **Email** mnaftaniel@fortlauderdale.gov

Group Contact Michael Naftaniel **Contact's Title** Benefits Manager

Contact's Phone No. if different () **Contact's Fax No. if different** ()

Nature of Business Local Government

INSURANCE COVERAGE REQUESTED

- | | | | | |
|--|--|---|---|--|
| <input type="checkbox"/> Life Only | <input type="checkbox"/> Additional/Optional Life | <input type="checkbox"/> Dental/Employees and Dep(s) | <input type="checkbox"/> LTD with Transitional Duty Agreement | |
| <input type="checkbox"/> Life and AD&D | <input type="checkbox"/> Stand Alone AD&D | <input type="checkbox"/> Dental/Orthodontia | <input checked="" type="checkbox"/> LTD | <input type="checkbox"/> Accident* |
| <input type="checkbox"/> Dependent Life | <input type="checkbox"/> Dental/Employees | <input type="checkbox"/> Dental and Vision/Orthodontia | <input type="checkbox"/> STD | <input type="checkbox"/> Critical Illness* |
| <input type="checkbox"/> Supplemental Life | <input type="checkbox"/> Dental and Vision/Employees | <input type="checkbox"/> Dental and Vision/Employees and Dep(s) | <input type="checkbox"/> Vision/Employees | <input type="checkbox"/> Hospital Indemnity* |
| | | | <input type="checkbox"/> Vision/Employees and Dep(s) | |

**I understand and agree if Applicant utilizes an enrollment platform not directly supported by The Standard, that Applicant is required to and will timely present to each enrollee appropriate disclosures and any state mandated fraud notices which are contained on the supplied enrollment form.*

OTHER INSURANCE

A. Does this insurance supplement other insurance? Yes No
If yes, specify for each line of coverage and Insurance Carrier: _____

B. Does this insurance replace existing insurance? Yes No
If yes, specify for each existing line of coverage: LTD

- Please submit a copy of each inforce policy, certificate or plan document.

Effective date of Prior Plan: 1/1/2019 Termination date of Prior Plan: 12/31/2021

ACTIVE WORK REQUIREMENT: A person must meet an Active Work requirement to become insured. Members who have not met an Active Work requirement are not insured until returning to work for one full day and meeting all other contractual requirements.

Initial: _____

Note: Some members who do not meet an Active Work requirement may be eligible for Waiver of Premium with a prior carrier.

APPLICANT AGREES THAT: I hereby apply for Group Insurance as provided in the attached proposal.

The above information is true and correct to the best of the Applicant's knowledge and belief. It forms the basis for this request for group insurance. If the requested insurance is acceptable to Standard Insurance Company under its current rules and practices and is legally permissible, a Group Policy will be issued in the language customarily used by The Standard. It will be effective on the date determined by The Standard. No producer has the authority to guarantee the acceptability of the requested insurance. The Standard may issue separate Group Policies if more than one coverage is requested in this Application. The insurance, if approved, will be subject to Standard Insurance Company's usual underwriting requirements, including the exclusions and limitations in the Group Policy and, if applicable, Evidence Of Insurability. The effective date of insurance for which a person is required to submit satisfactory Evidence Of Insurability will be determined in accordance with the terms of the Group Policy, subject to the Active Work requirement. No premiums will be collected or paid by the Applicant for such insurance until notification of approval. No material describing coverage under the Group Policy will be distributed by the Applicant to any person to be insured without the prior written consent of Standard Insurance Company. Premium rate quotations were based on data submitted to The Standard. Final premium rates will be determined by the actual composition of the group. The consideration for any Group Policy which may be issued is this Application and the payment of premiums. Payment of premium after receipt of the Group Policy is acceptance of the terms of the Group Policy. This Application is made a part of the Group Policy. Applicant authorizes the producer, broker of record, or consultant to receive information regarding the applicant's claims status and experience that the applicant has a right to receive and which is reasonably necessary to assist the applicant in conducting a review of the information. **Fraud Notice: Any person who knowingly and with intent to injure, defraud, or deceive an insurance company, files a statement of claim or an application containing false, incomplete or misleading information is guilty of a felony of the third degree.**

Signature and Title of Applicant's Authorized Representative _____ Date _____
(Must be signed or submitted prior to the requested effective date.)

To be completed by Standard Insurance Company's Florida licensed agent.

If applicable, does this Life insurance replace existing life insurance? Yes No

Print Name of Standard Insurance Company's Florida licensed agent _____ Florida License # _____

Signature _____ Initial Deposit \$ _____

Received from _____, an initial deposit of \$ _____ * in connection with the Application for Group Insurance bearing the same date as this conditional receipt.

Date _____

This receipt is subject to the terms and conditions below.

Received By

Name Title

*All premium checks must be made payable to Standard Insurance Company.
Do not make check payable to the producer or leave payee blank.

Terms of Receipt (Please read carefully.)

If the requested insurance is acceptable to Standard Insurance Company under its current rules and practices and is legally permissible, a Group Policy will be issued in the language customarily used by The Standard. It will be effective on the date determined by The Standard. No producer has the authority to guarantee the acceptability of the requested insurance.

The Standard may issue separate Group Policies if more than one coverage is requested in this Application. The insurance, if approved, will be subject to Standard Insurance Company's usual underwriting requirements, including the exclusions and limitations in the Group Policy and, if applicable, Evidence Of Insurability. The effective date of insurance for which a person is required to submit satisfactory Evidence Of Insurability will be determined in accordance with the terms of the Group Policy, subject to the Active Work requirement. No premiums will be collected or paid by the Applicant for such insurance until notification of approval.

No material describing coverage under the Group Policy will be distributed by the Applicant to any person to be insured without the prior written consent of Standard Insurance Company.

Premium rate quotations were based on data submitted to The Standard. Final premium rates will be determined by the actual composition of the group.

The consideration for any Group Policy which may be issued is this Application and the payment of premiums. Payment of premium after receipt of the Group Policy is acceptance of the terms of the Group Policy.

This Application is made a part of the Group Policy.