



group term life insurance products and disability benefits worksheet and application

for massachusetts employer groups with 2 to 9 employees

enrollment checklist

- Choose your Group Term Life/AD&D benefit plan design.
- Choose your Dependent Life benefit plan design (optional).
- Choose your Short Term Disability benefit plan design (optional).
- Choose your Long Term Disability benefit plan design (optional).
- Complete the Monthly Premium Calculation Worksheet–this will give you an estimate of Total Monthly Premiums for Group Term Life/AD&D, Dependent Life, STD, and LTD.
- Complete the attached Participation Application & Agreement. [Form GTP-PA-MA (12/07)]
- Ask your employees to fill out an enrollment form (all forms are available at www.indigo-insurance.com). [Form 1000 (2-03)]
- Send enrollment forms and the completed Participation Agreement to your broker or account executive for submission to Indigo Insurance Services, 401 Park Drive, Boston, MA 02215.

Remember, in order to make these benefits effective for the same month as your health insurance renewal, we must hear from you by your Group's Anniversary Date.



P.O. Box 1650
Little Rock, Arkansas 72203

Employer Group Trust Participation Application & Agreement

Office Use Only	
Policy #	
Effective Date	

1. Legal Name			Taxpayer ID#	
2. Mailing Address		City	State	Zip+4
3. Street Address (if different from above)		City	State	Zip+4
4. Name of CEO, President or Owner of Company		Name of Insurance Contact at Company		Telephone Number
5. Nature of Business		SIC Code	Effective as of 12:01 a.m.	Premium Deposit
6. Waiting Period <u>Life, AD&D, Dependent Life and STD:</u> <input type="checkbox"/> First of the month following completion of _____ days (minimum 30 days for Life, AD&D, Dep Life, & STD) <u>Long Term Disability:</u> <input type="checkbox"/> First of the month following completion of _____ days (minimum 90 days for LTD) <i>All effective dates must be first of the month.</i>		Waiting Period applies to: <input type="checkbox"/> Future Employees Only <input type="checkbox"/> Present & Future Employees		Number of Employees Eligible _____ Enrolled _____
7. Life/AD&D <input type="checkbox"/> Flat Amount \$ _____ per employee (minimum \$15,000; maximum \$100,000, elected in \$5,000 increments) <input type="checkbox"/> Multiple of annual salary to a maximum of \$100,000: <input type="checkbox"/> 1 times <input type="checkbox"/> 2 times <input type="checkbox"/> 3 times (rounded to the next higher \$1,000) <input type="checkbox"/> All employees according to the following occupational schedule:				
Class	Job title, as shown on enrollment form	Life/AD&D Amount	STD Amount (if elected)	
1.				
2.				
3.				
<i>(No Class may have a benefit greater than 2 1/2 times the amount for the next lower class.)</i>				
8. Dependent Life (available if Life/AD&D selected) <input type="checkbox"/> Yes <input type="checkbox"/> No				
	<input type="checkbox"/> Plan 1	<input type="checkbox"/> Plan 2		
Spouse	\$10,000	\$5,000		
Child (birth to 6 months)	\$100	\$100		
Child (6 months to age 19*)	\$5,000	\$5,000		
*to age 23 if full time student				
9. Short Term Disability (STD) (available if Life/AD&D or LTD selected) <input type="checkbox"/> Yes <input type="checkbox"/> No				
Elimination Period/Duration:		Benefit Amount:		
<input type="checkbox"/> 1-8-13	<input type="checkbox"/> 1-8-26	<input type="checkbox"/> Percentage of weekly income: <input type="checkbox"/> 50% <input type="checkbox"/> 60% <input type="checkbox"/> 66 2/3% to maximum of \$ _____ (\$50 - \$750)		
<input type="checkbox"/> 8-8-13	<input type="checkbox"/> 8-8-26	<input type="checkbox"/> Flat Amount of \$ _____ (\$50 increments to a maximum of \$250)		
<input type="checkbox"/> 15-15-13	<input type="checkbox"/> 15-15-26	<input type="checkbox"/> Class Defined Plan (fill in STD Amount column in number 7 above)		
Maximum: The maximum weekly STD benefit may not exceed 66 2/3% of an insured's weekly income.				
10. Long Term Disability (LTD) (available if Life/AD&D or STD selected) <input type="checkbox"/> Yes <input type="checkbox"/> No				
Elimination Period:		<input type="checkbox"/> 90 Days <input type="checkbox"/> 180 Days		
Maximum Benefit Period:		<input type="checkbox"/> Social Security Normal Retirement Age (Sickness or Accident)		
		<input type="checkbox"/> 5 years (Sickness or Accident)		
Amount of Insurance:		<input type="checkbox"/> 60% of monthly salary to a maximum of <input type="checkbox"/> \$4,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$6,000		
Pre-existing Conditions Exclusions/Limitations: 12/6/24				
The Minimum Monthly Benefit is \$100.00 or 10% of the Monthly Disability Benefit, whichever is greater.				
Policy Features include: • 24 Month Own Occupation • Three month Survivor Benefit • Direct Integration with Return to Work Incentive				
• Rehabilitation • 24 Month Mental Illness & Substance Abuse • Family Care Credit • Workplace Modification • Waiver of Premium and				
• Primary and Family Social Security Integration				
Is this a replacement of similar coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Prior Carrier _____				
Date Terminated _____ Also if there was a prior carrier, a copy of prior plan is required for claims administration.				
Are premiums sheltered under a Section 125 Cafeteria plan? <input type="checkbox"/> Yes <input type="checkbox"/> No				
11. Contributions (Applies to all coverages unless otherwise stated. Employer must contribute at least 25% of cost.)				
<input type="checkbox"/> Non-contributory (employer pays 100% of cost)		<input type="checkbox"/> Contributory, employer pays _____ % of cost		

Legal Name		Taxpayer ID#	
12. <input type="checkbox"/> I certify that all employees are actively at work at their usual place of business today. <input type="checkbox"/> There are employees who are not actively at work at their usual place of business today. Please complete the following:			
Name	Date Last Worked	Expected Return to Work Date	Reason for Absence
13. General Conditions <ul style="list-style-type: none"> • Eligibility: All full-time employees who work a minimum of 30 hours per week on a year round basis. Coverage does not include temporary, seasonal or retired employees. • Employees must be actively at work on their effective date for coverage to be effective. • Participation Requirement: 2 to 4 lives – 100%; 5 to 7 lives – All but 1 must enroll; 8 to 9 lives – All but 2 must enroll. • Evidence of Insurability (EOI) is required on Life and AD&D and LTD amounts in excess of the guaranteed issue and on all late applications for contributory coverage. • Life and AD&D insurance reduces to 65% at age 65; to 50% of the original amount at age 70; and to 25% of the original amount at age 75. All benefits terminate at retirement. 			
I hereby apply for the coverage noted above and certify that all responses are true, complete, and correctly recorded, and I have read and understand the Notice to Applicants below. Warning - It is or may be a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.			
Applicant's Signature	Print Name and Title	Date	
Representative's Signature (Must be resident licensed agent)	Print Representative's Name	Date	

Notice to Applicants

1. USABLE Life coverage is not effective until this application is approved and accepted by the home office of USABLE Life. This application is to participate in the Trust policy covering the following eligible participants: A Massachusetts employer with at least two but less than ten eligible employees on the date of issue.
2. This application for participation will also be offered as an inducement for the issuance of group insurance. It will form a part of the group policy issued to the USABLE Life Group Insurance Trust.
3. The Participating Employer will furnish and maintain the records necessary for the administration of the plan and will report changes to USABLE Life.
4. The initial employee participation requirement must be satisfied and maintained or exceeded in order for coverage to remain in force.
5. If the application is not accepted, no insurance will become effective and any premium advanced will be refunded. No individual will be covered unless he or she is eligible under the terms of the policy.
6. Coverage will automatically terminate if the premiums are not paid before the end of the 31-day grace period following the due date. Payment of premiums for coverage provided during the grace period is required.

Remarks (Identify by number.)

Standard Industry Code (SIC) Adjustment Factor

The SIC is one of the factors used in calculating rates.
 You can also find your SIC code at
<http://listsandmail.com/siclist2.html>

Factor	SIC list
1	365x - 366x, 381x - 382x 601x - 603x, 608x - 609x 821x - 822x
1.2	251x - 259x, 265x - 277x, 282x - 283x 301x - 308x, 321x - 328x, 351x - 364x, 367x - 379x, 384x - 399x 481x - 494x, 496x - 527 527, 561x - 569x 606x, 631x - 641x, 671x, 673x 731x, 737x, 781x - 782x 823x - 829x, 861x - 862x, 864x - 865x, 869x - 874x 911x - 919x
1.4	011x - 092x 153x - 154x, 171x - 209x 209x, 221x - 239x, 243x - 249x, 278x - 281x, 284x - 287x 311x - 319x, 341x - 349x 461x - 478x, 495x 531x, 541x - 559x, 571x - 573x, 591x - 599x 611x - 616x, 651x - 655x 722x, 726x, 7323, 733x - 735x, 751x - 763x, 783x - 791x, 793x - 799x 807x 921x, 9224, 931x - 972x
1.6	152x, 161x - 162x 291x - 299x 333x - 339x 732x, 764x-769x 805x - 806x, 808x, 811x, 832x - 842x, 863x, 8744

Firms in the following industries are not eligible for
 STD or LTD coverage:

SIC Code	Description
097x	Fishing, Hunting, and Trapping
101x-124x	Metal Mining
12xx	Coal Mining
13xx	Oil & Gas Extraction
21xx	Manufacturing: Tobacco Products
241x-242x	Manufacturing: Lumber and Wood Products, Except Furniture
261x-263x	Manufacturing: Paper and Allied Products
289x	Manufacturing: Chemical and Allied Products
329x	Manufacturing: Stone, Clay, Glass and Concrete Products
331x-332x	Manufacturing: Primary Metal Industries
401x	Railroad Transportation
411x-417x	Local and Suburban transit; Interurban Highway Passenger Transportation
421x-423x	Motor Freight Transportation and Warehousing
431x	United States Postal Service
441x-449x	Water Transportation
451x-458x	Air Transportation
533x-539x	Retail Trade: General Merchandise Stores
581x	Retail Trade: Eating and Drinking Places
621x-628x	Security and Commodity Brokers, Dealers, Exchanges, and Services
672x, 679x	Holding and Other Investment Offices
701x-704x	Services: Hotels, Rooming Houses, Camps, Other Lodging Places
721x, 723x- 725x, 729x	Services: Personal Services
736x, 738x	Services: Business Services
792x	Services: Amusement and Recreation Services
801x-804x, 809x	Services: Health Services
866x	Services: Membership Organizations
881x	Services: Private Households
889x	Services: Not Elsewhere Classified
922x	Public Administration: Justice, Public Order and Safety
999x	Nonclassifiable Establishments



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