

APPLICATION FOR GROUP INSURANCE FOR PRINTING INDUSTRIES BENEFIT TRUST (PIBT)

(Must be accompanied by the New Group Summary for PIBT evaluation and approval.)

NOTE: Please complete the entire application form. This form cannot be processed if information is incomplete.

SECTION 1 – GROUP APPLICANT

FULL LEGAL NAME OR GROUP (EXACTLY AS IT IS TO APPEAR IN THE POLICY)

ADDRESS	CITY	STATE	ZIP
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NATURE OF BUSINESS OR SIC CODE	TAX ID NUMBER	YEARS IN BUSINESS
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LEGAL ENTITY
 CORPORATION S-CORPORATION PARTNERSHIP SOLE PROPRIETORSHIP TRUST ASSOCIATION OTHER:

SUBSIDIARIES, BRANCHES AND/OR ASSOCIATED COMPANIES TO BE INSURED: NO YES, FULL LEGAL NAME: _____ REQUESTED EFFECTIVE DATE _____

1. _____

2. _____

SECTION 2 – AGREEMENT

The applicant hereby applies for Group Insurance as provided in the attached New Group Summary with the understanding and agreement that:

1. The requested coverage will not become effective, unless:
 - a. PIBT receives and approves the Application at its Home Office in Los Angeles, California; and
 - b. the number of persons to be covered satisfies the minimum required by law.
2. The coverage, if approved, will be subject to PIBT standard underwriting requirements, including the exclusions and limitations in the Group Policy.
3. Being Actively at Work or meeting the Active Employment provision is a requirement for coverage. Coverage for any person not meeting those provisions on the Effective Date of the Policy, will be deferred until the person returns to active work and employment.
4. No waiver or change will bind PIBT unless signed by an Officer of PIBT.
5. The Group Policyholder agrees to pay the required premium to PIBT and to enroll all employees as they become eligible, if the Coverage is issued on a non-contributory basis.

SECTION 3 – GROUP INFORMATION

LEGAL NAME OF GROUP

BILLING ADDRESS (IF DIFFERENT FROM APPLICATION):

STREET	CITY	STATE	ZIP CODE
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MAILING ADDRESS (IF DIFFERENT FROM APPLICATION):

STREET	CITY	STATE	ZIP CODE
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TELEPHONE	FAX		
()	()		

BILLING CONTACT	TITLE	TELEPHONE	
		()	

EXECUTIVE CONTACT	TITLE	TELEPHONE	
		()	

GROUP ACKNOWLEDGES THEY MUST PURCHASE BASE HEALTH PLAN THROUGH PIBT? YES NO

**PRINTING INDUSTRIES BENEFIT TRUST (PIBT)
EXECUTIVE OPTION NEW GROUP SUMMARY**

SECTION 4 – ELIGIBILITY

Being actively at work is a requirement for coverage. Coverage for any person not actively at work on the effective date of the Coverage will be deferred until the person returns to full-time work.

PIBT Executive Benefit Plan is offered contingent upon the Group having a minimum of 3 employees enrolled in the PIBT Executive Benefit Plan during the Policy term.

1. Total number of active employees _____.
2. Number of employees to be enrolled in PIBT Executive Option _____.
3. Active, full-time employees must work a minimum of _____ hours per week to be eligible for PIBT Executive Option (standard 30 hours).
4. Waiting Period (in months) None 1 2 3 Other: _____
5. Coverage becomes effective on: 1st day of the month following completion of Waiting Period.
 the day following completion of the Waiting Period.
 date of hire, if no Waiting Period.

SECTION 5 – BENEFIT SCHEDULE

1. ELIGIBILITY:

Class Description:	No. of Employees:	Class Description:	No. of Employees:
Class 1.		Class 2.	

Age limit for dependent child(ren) is _____, if full-time student is: _____ (It must match the age limit shown on the Base Health Plan).

Domestic Partners are eligible for coverage: Yes No

2. CHECK BOX IF PRIMARY COVERAGE INCLUDES: Dental Vision Preventive Care Chiro/Acupuncture

3. ADVANCE RENEWAL NOTICE: 30 days 60 days 90 days 120 days Other: _____

SECTION 6 – ANNUAL FAMILY MAXIMUM BENEFIT \$50,000

Maximum Limited Benefits (Per individual)			
Dental	\$4,000 per individual	Other:	
Vision	\$3,000 per individual	Out of Network	70% of Allowed Amount
Mental Health and Substance Abuse	\$3,000 per individual	Out of Compliance	70% of Allowed Amount
Alternative Care	\$2,000 per individual		

SECTION 7 – AUTHORIZATION

DATED AT	(CITY)	(STATE)	THIS	(MONTH)	(DAY)	(YEAR)
BY (AUTHORIZED SIGNATURE)			SECONDARY AUTHORIZED SIGNATURE			
PRINT NAME			PRINT NAME			
TITLE			TITLE			