

APPLICATION FOR GROUP VISION INSURANCE is made to
SECURITY LIFE INSURANCE COMPANY OF AMERICA Minnetonka, MN

VOLUNTARY VISION

GROUP INFORMATION

Group Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Contact Person _____
 Telephone _____ Fax _____ E-Mail _____
 Number of Eligible Employees _____ Number of Enrolled Employees _____
 Tax ID # _____ Effective Date Requested _____

BENEFIT DESIGN

80112 (12/24, \$10/\$20) Voluntary

ELIGIBILITY INFORMATION

To be eligible, an employee must work 30 or more hours per week and satisfy the waiting period indicated below. Coverage will take effect the first day of the month following his/her eligibility date, provided he or she is actively at work. Employees who are not actively at work on the day coverage would have taken effect may begin coverage on the first day of the month following return to active employment.

Waiting Period: 30 days 60 days 90 days

PREMIUMS

The 1st month's premium is due with initial enrollment. All additional premiums are due on the 1st day of the calendar month of coverage.

	Rate		# Enrolled	=	Total
Employee:	\$ _____	x	_____	=	_____
Employee + 1:	\$ _____	x	_____	=	_____
Family:	\$ _____	x	_____	=	_____
Total Amount Due:					_____

Monthly Billing Options: Summary Bill (adds, deletes, total) List Bill (alpha list of total)

ADDITIONAL INFORMATION

STATEMENT

It is agreed that the Policy will become effective at rates to be determined by Security Life Insurance Company of America ("SLICA"), provided the application is accepted by SLICA or its designee. The Applicant declares that to the best of his/her knowledge and belief that statements and answers are complete and true.

Dated at _____ this _____ day of _____, _____
 Applicant _____ Agent _____
 Printed Name _____ Printed Name _____
 Title _____ Tax ID _____

Eligibility Administered by:

BROKERS NATIONAL LIFE

PO Box 150129, Austin, Texas 78715-0129

Phone: 1-800-798-1125 Web Site: www.bnlac.com Fax: (512)383-8596