IWA FABRICARE GROUP LIFE INSURANCE *(through IFI)*

First Reliance Standard Life Insurance Company — **Group Enrollment Card**

One (1) form per employee. Mail to: Irving Weber Associates, Inc., 761 Koehler Avenue, Ronkonkoma, NY 11779

Employer's Section

(1) Policyholder
IWA Fabricare Group Life Insurance Program

(2) Policy No.
TDB

(3) Employer's Full Name

(4) Employer's Full Address - Street | City | State | Zip

(5) Employer's Telephone Number including Area Code
( )

Employee's Section

(6) Employee's Last Name | First | Middle

(7) Employee's Birth Date
Month | Date | Year

(8) Social Security Number

(9) Sex
☐ Male ☐ Female

(10) Employer's Location (State)

(11) Full Time Employment Date

(12) Class
☐ $100,000 ☐ $50,000 ☐ $25,000 ☐ $10,000

(13) Hours Worked Per Week

(14) Occupation

(15) Salary
NOT APPLICABLE
Hrly Mthly Wkly Yrly

(16) Beneficiary(ies) Full Name(s) and Full Address(es) | Relationship | Date of Birth | % of Proceeds

See Reverse Side for Declination of Insurance

(17) I request to purchase the following Group Insurance Coverages:

Life/AD&D ☒

Weekly Income - Not Available
Long Term Disability - Not Available
Supplemental Life - Not Available
Dependent Life - Not Available

I authorize my employer to deduct from my salary or wages, if applicable, the necessary premium for the coverage(s) requested above. This signature is also to verify (1) the accuracy of the information contained on this card, and (2) the beneficiary(ies) I have designated. FRAUD WARNING: (Not applicable to life insurance.) 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Employee Signature: Date: