

IWA Fabricare Group Life Insurance (through IFI)

Mail to: Irving Weber Associates, Inc., 761 Koehler Avenue, Ronkonkoma, NY 11779

**EMPLOYER'S
Group Application Form**

Employer Information	(1) Employer's Full Name: _____	(4) Telephone Number: ()
	(2) Employer's Full Address: _____	(5) Fax Number: ()
	(3) Contact: _____	(6) Email address: _____

The following employees are to be included in the new IWA Guaranteed Issue Group Life Insurance Program:*(If more than 15 employees are to be included, please copy this application or call this office at (800) 243-1811, Ext. 8216 for additional applications.)*

Employee Information	Name(s)	Amount of Insurance	Quarterly Premium
	1.		
	2.		
	3.		
	4.		
	5.		
	6.		
	7.		
	8.		
	9.		
	10.		
	11.		
	12.		
	13.		
	14.		
	15.		
Total Quarterly Premium:			