IWA Fabricare Group Life Insurance

Mail to: Irving Weber Associates, Inc., 180 East Main St., Suite 208, Smithtown, NY 11787-2888

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:	0

IWA FABRICARE GROUP LIFE INSURANCE

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

One (1) form per employee. Mail to: Irving Weber Associates, Inc., 180 East Main St., Suite 208, Smithtown, NY 11787-2888

Employer's Section

(1) Policyholder
IWA Fabricare Group Life Insurance Program

(2) Policy No. GL 142482

(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
Hrly Mthly
Wkly Yrly

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

(17) I request to purchase the following Group Insurance Coverages:
Life/AD&D ☒

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: