The AMT Agency, LLC™

Where Health, Life, and Growth Come Together.

GROUP LIFE INSURANCE

ENROLLMENT / CHANGE REQUEST

Group Basic Life and Accidental Death & Dismemberment Insurance
Underwritten by Standard Insurance Company • Effective January 1, 2027

Please print or type. ☐ New ☐ Change Requested Effective Date: 01/01/2027

SECTION I: GROUP INFORMATION

1. Group Name: _____
   Full legal name of company
2. Tax ID Number: _____ SIC Code: _____ Type of Industry: _____
3. Primary Location Address: _____ *Street* _____ *City* _____ *State* _____ *Zip*
   Mailing Address: _____ *Street* _____ *City* _____ *State* _____ *Zip*
4. Officer, Partner, Proprietor: _____ Title: _____
   Email: _____ Telephone: _____
5. Group Administrator Name: _____ Title: _____
   Email: _____ Telephone: _____ Cell Number: _____
6. Type of organization: ☐ C-Corp ☐ Partnership ☐ Proprietorship ☐ LLC ☐ S-Corp ☐ Other: _____ *Specify*

SECTION II: GROUP ENROLLMENT INFORMATION

7. Number of employees: Eligible _____ Enrolling on the plan _____
   Eligible employees are those who work at least 25 hours per week
8. Class or classes to be included: _____

SECTION III: GROUP LIFE INSURANCE

1. **Are you electing Group Life Insurance?** ☐ YES ☐ NO
2. **Indicate amount of Group Life Insurance for all employees (if applicable):**

☐ $10,000 ☐ $15,000 ☐ $20,000 ☐ $25,000 ☐ $30,000 ☐ $35,000 ☐ $40,000 ☐ $45,000 ☐ $50,000

Option A – All Employees: Life insurance in increments of $5,000, with a minimum of $10,000 and a maximum of $50,000.[1]

[1] *Age reductions (active employees): at age 65 the Life and AD&D benefit reduces to 65% of the amount elected above; at age 70 it reduces to 50% of the amount elected above; at age 75 and over the benefit is a flat $2,000. At retirement, regardless of age, the benefit is limited to $1,000 and is not subject to age reductions.*

SECTION IV: ALL QUESTIONS MUST BE ANSWERED

1. To the best of your knowledge:
   a. Are any employees or dependents presently incapacitated? ☐ Yes ☐ No
   b. Are any dependent children incapable of self-support due to a physical or mental disability? ☐ Yes ☐ No

SECTION V: SIGNATURE

This application is to be completed by an employer seeking to offer Group Life Insurance (Group Basic Life and Accidental Death and Dismemberment insurance) to its eligible employees through The AMT Agency, LLC. The Group Life Insurance elected under this application will be underwritten by Standard Insurance Company ("The Standard").

Acknowledgement of Change in Carrier and Administration

By signing this application, the employer (the "Group") acknowledges that, effective January 1, 2027, Standard Insurance Company ("The Standard") is the carrier for the Group's Group Life Insurance coverage, and that the administration and servicing of the Group Life Insurance program has changed to The AMT Agency, LLC.

By signing this application, the Group appoints and authorizes The AMT Agency, LLC to act as the Group's broker of record for the Group Life Insurance program purchased through this application and any renewals thereof. The Group authorizes The AMT Agency, LLC, to act on its behalf in all matters relating to such Group Life Insurance program, including communications with The Standard.

Eligibility and Effective Date of Coverage

It is understood that, except as provided under applicable regulations, no individual shall become covered while not actively at work on a full-time basis and only full-time employees are eligible. A full-time employee is one who regularly works at least 25 hours per week at his or her employer's place of business. It is further understood that no representative has power on behalf of The AMT Agency, LLC, to make or modify any request or application for coverage or to bind The AMT Agency, LLC, by making any promise or representation or by giving or receiving any information.

No coverage will be effective unless and until this application is accepted in writing by The AMT Agency, LLC and, as applicable, by the underwriting carrier, The Standard. Final rates will be based on enrollment data as of the policy effective date. No contract of coverage is to be implied in any way on the basis of the completion and/or submission of this application.

Employer Responsibilities

It is understood that the Employer is responsible for providing The AMT Agency, LLC with timely and accurate information regarding the date of hire for new employees and that the requested effective date of coverage will properly apply any waiting period requirements applicable to the plan. It is further understood that any retroactive termination requests must be limited to those for which no employer contribution or employee contribution has been paid for the termination period by the employee or dependent whose coverage is to be retroactively terminated.

Employer contributions (if any) are due as of the effective date and are paid monthly. The contribution for the first month of coverage must be processed via ACH prior to coverage becoming effective.

Broker of Record Appointment

By signing this application, the Employer/Group hereby appoints The AMT Agency, LLC as the broker of record for the Group Life Insurance program purchased through this application and any subsequent renewals, and authorizes The AMT Agency, LLC to act on the Group's behalf in all matters relating to such Group Life Insurance program, including but not limited to receiving information from and providing information to The Standard.

Fraud Warning

Any person who knowingly files a statement of claim, application for coverage, or enrollment form containing any false or misleading information may be subject to criminal and civil penalties.

Print Name of Officer, Partner, or Proprietor:

X

Signature of Officer, Partner, or Proprietor

Title

Date