COMBINED®
A Chubb Company

Combined Insurance Company of America
Home Office Address: 8750 W Bryn Mawr Ave, 9th Floor • Chicago, IL 60631
Policyholder Service Address: P. O. Box 6703, Scranton, PA 18505
Telephone Number: 1-800-544-9382

APPLICATION FOR GROUP POLICY

Name of Employer: _____

Address: _____

Policy Effective Date: _____

Policy Situs State: _____

The Employer hereby applies for the following Combined Insurance Company of America (CICA) policy/policies:

☐ Worksite Term Life

☐ Group Accident

☐ Group Critical Illness

☐ Group Disability

☐ Lifetime Benefit Term

The Employer agrees to accept the terms and provisions of the group policy, including its exhibits, riders, endorsements or amendments, if any.

The Employer hereby authorizes CICA, its licensed agents or enrollers, to offer all of the eligible employees the opportunity to enroll for coverage under the policy/policies issued to the Employer.

The Employer agrees to provide CICA it's licensed agents or enrollers direct access to its employees to solicit individual applications.

The Employer further agrees to deduct any premiums for this coverage from employees' paychecks and forward these premiums to CICA when due.

The Employer agrees to reimburse CICA for any and all premiums, and costs associated with the loss thereof, which are misappropriated by Employer or any of its employees, agents, or representatives.

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Executed on _____ day of _____ 20 _____

_____
Signature of Officer of Employer

_____
Print Name and Title of Officer

_____
Printed Name of Combined Insurance Company of America
Authorized Agent

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GROUP AUTHORIZATION FOR E-DELIVERY OF POLICY DOCUMENTS
CERTIFICATE DELIVERY ELECTION

_____
Name of Employer/Organization

By signing below, the entity named above ("You") authorizes Combined Insurance Company of America, Combined Life Insurance Company of New York, and ACE Property and Casualty Insurance Company, each a Chubb company, and its affiliated insurers, (collectively, "Chubb") to deliver certificates of insurance to individual enrollees electronically via secure means for any and all policies applied for and approved for issuance by the underwriting company. Such electronic delivery will be made to the email address provided by the employee on his/her enrollment form (if any) or the email address provided for each employee by the Policyholder.

If you do not sign below, you can still enroll / apply for coverage, and certificates will be sent by US mail or delivered to you to distribute directly.

This authorization is voluntary and will remain in effect until withdrawn. You may withdraw at any time by sending written notice to the address above. This authorization is not part of the application or policy.

_____ _____
Signature of Officer Name

_____
Title

_____
Date