COMPANION LIFE INSURANCE COMPANY
GROUP INSURANCE ENROLLMENT

Administered by:
Companion Life Insurance Company
800 Main Street
P.O. Box 1535
Dubuque, IA 52004-1535
Telephone Number: (877) 676-5789

Underwritten by:
Companion Life
P.O. Box 100102 | Columbia, S.C. 29202-3102
800-753-0404 (Phone)

Companion Life Insurance Company			**Companion Use ONLY**
☐ New Employee ☐ Add/Increase ☐ Coverage	☐ Change Address ☐ Change Beneficiary ☐ COBRA	☐ Change Dependent Coverage ☐ Change Class or Status ☐ Terminate Coverage	Approved: ☐ Declined: ☐ Date: _____ By: _____

POLICYHOLDER INFORMATION – to be completed by the Employer or Group Administrator

Name of Employer (Use Name from Group Billing Notice or Master Application) Performance Race Engineering, LLC

Group. No (10 Digit #) 904-14-20282 DEPT/DIV (3 Digit #) _____ CLASS _____

PROPOSED INSURED INFORMATION (PLEASE PRINT) – to be completed by the Employee/Enrollee

Last Name (Include Jr., Sr., etc.)		First Name		M.I.
Street Address		Apt Number / City		State/Zip
Social Security Number		Home Telephone		Work Telephone
Male ☐ Female ☐	Date of Birth(MM-DD-YY) / /	☐Weekly ☐Monthly ☐Annually Earnings $_____ *Do not include overtime or bonuses		
Marital Status ☐ Single ☐ Married	Occupation	Hours Worked Per Week		

PLAN AND COVERAGE SELECTION

☐ Employee ☐ Employee + Spouse ☐ Employee + children ☐ Family

COMPLETE FOR LIFE AND/OR DISBILITY

COVERAGE REQUESTED ☐ Basic Life ☐ AD&D ☐ Dependent Life ☐ Voluntary Life

(Amount Selected for Voluntary Life) EMPLOYEE : $ SPOUSE: $ CHILD: $

Spouse Name: (Voluntary Life Only) Last/First/M.I	Birthdate (M/D/Y)	Social Security Number

Beneficiary for Employee Coverage/Relationship: *(Employee is beneficiary for spouse coverage.)*

Last First M.I. Relationship to Insured

DEPENDENT INFORMATION (please attach additional pages as needed)			Do any of your Dependents have any other coverage?
Spouse Name	☐ Male ☐ Female	Date of Birth (MM/DD/YY) / /	☐ Yes If yes, Name of Carrier ☐ No
Child Name	☐ Male ☐ Female	Date of Birth (MM/DD/YY) / /	☐ Yes If yes, Name of Carrier ☐ No
Child Name	☐ Male ☐ Female	Date of Birth (MM/DD/YY) / /	☐ Yes If yes, Name of Carrier ☐ No
Child Name	☐ Male ☐ Female	Date of Birth (MM/DD/YY) / /	☐ Yes If yes, Name of Carrier ☐ No
Child Name	☐ Male ☐ Female	Date of Birth (MM/DD/YY) / /	☐ Yes If yes, Name of Carrier ☐ No

DEPENDENTS: Eligible Dependents are determined by your employer's eligibility terms.

AUTHORIZATION

I ☐ agree ☐ do not agree to have the certificate documents delivered to the Policyholder electronically.

I elect the coverage selected for which I am eligible. If any contribution from me is necessary to pay part of the cost of insurance, I authorize my Employer to deduct the contribution from my wages.

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

Proposed Insured's Signature:_____ **Date:**_____

REFUSAL/WAIVER – Complete ONLY if you are declining coverage for yourself or any Dependent.

I have been offered this insurance coverage and decline to purchase it at this time. I understand that in the event I desire such insurance at a later date, I will be required to furnish evidence of insurability at my own expense, and the company will have the right to refuse any request.

Proposed Insured's Signature:_____ **Date:**_____

Coverage Refused (Check All That Apply)
☐ Basic Life ☐ AD&D ☐ Dependent Life ☐ Voluntary Life

[P.O. Box 100102 | Columbia, S.C. 29202-3102
800-753-0404 (Phone) | 800-836-5433]

NOTICE TO PROPOSED INSURED
(DETACH AND GIVE TO PROPOSED INSURED)

In connection with your application for insurance as part of our normal underwriting procedure, an investigative consumer report may be obtained, including, if applicable, information as to character, general reputation, personal characteristics and mode of living. This information is obtained through personal interviews with your friends, neighbors and associates. Upon written request, received within a reasonable time, additional, detailed information concerning the nature and scope of this investigation will be provided.