

**IMPORTANT – This statement must be completed prior to delivery of the proposal to the prospective group for new Short Term Disability (STD), Long Term Disability (LTD), Life, and/or Dental cases.**

To: \_\_\_\_\_ Company: \_\_\_\_\_ Date: \_\_\_\_\_  
Fax: \_\_\_\_\_ Pages: \_\_\_\_\_ Return to: \_\_\_\_\_

Coverage:  STD  LTD  LIFE  DENTAL

Approx. Number of Lives: \_\_\_\_\_

Name of Contact/Title: \_\_\_\_\_

Group Name: \_\_\_\_\_  Number of Years in Business\*: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

Type of Organization (Sole Proprietorship, S-Corp, etc.): \_\_\_\_\_

No. of Years Inforce for Dental: \_\_\_\_\_

\*If less than 2 years in business, is the group a spin off from another company?  Yes  No

If yes, what company? \_\_\_\_\_, and how many years in business? \_\_\_\_\_  
and nature of business? \_\_\_\_\_

**FOR ALL COVERAGES** *(Except Dental)*

Are you aware of any current or potential adverse health risks within this group which could result in a claim within the next 12 months? .....  Yes  No

Are there any family members related by blood or marriage to other employees of the company? .....  Yes  No

If so, list names: \_\_\_\_\_

Is anyone opting out of Workers' Compensation? .....  Yes  No

If yes to any of these questions, please contact your Standard Insurance Company representative.

**FOR LTD ONLY**

Are you aware of any inforce individual disability policies? .....  Yes  No

If yes, will income replacement from individual and group insurance, combined, exceed 80% of predisability earnings on any individuals?

If so, contact your Standard Insurance Company representative. This proposal assumes that the combination of individual and group income replacement will not exceed 80% of predisability earnings.

**COMMENTS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Producer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE:** A completed copy of this form must be submitted along with the application and other sold case materials.