



BEST Life and Health Insurance Company

Accelerated Group Term Life Benefits

P.O Box 890, Meridian, ID 83680-0890
(800) 433-0088 • (208) 893-5040 fax
www.bestlife.com

INSURED'S INFORMATION				
Name of Insured Employee		Employee's Job Title		Date of Employee's Birth
Address of Employee		City	State	Zip
Group Policy No.		Certificate No.	Amount of Life Insurance	
Name and Address of Group Policyholder		City	State	Zip
Name and Address of Employer, if other than Group Policyholder		City	State	Zip
Type of Employment		Hours Worked Per Week		Weekly Earnings
<input type="checkbox"/> Union <input type="checkbox"/> Non-Union <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time				
Duration of Employment		Insurance Class		
From _____ Through _____		Carrier's Name		
Disability Benefits were Paid		Reason for stopping work		
From _____ To _____		<input type="checkbox"/> Illness <input type="checkbox"/> Leave of Absence <input type="checkbox"/> Retirement <input type="checkbox"/> Lay Off <input type="checkbox"/> Other:		
Date of premium payments				
From _____ To _____		Last day of full time active work		
Send correspondence and check to				

Signature of Policyholder's Official
Representative **X**

Date: _____

Print Name of Signature Above

Telephone
Number: _____

THE ORIGINAL ENROLLMENT CARD OR APPLICATION FOR INSURANCE SHOULD ACCOMPANY THIS FORM, IF MAINTAINED BY THE POLICYHOLDER.

BY FURNISHING THIS BLANK INVESTIGATING CLAIM, THE COMPANY SHALL NOT BE HELD TO ADMIT THE VALIDITY OF ANY CLAIM OR TO WAIVE THE BREACH OF ANY CONDITION OF THE POLICY.

FRAUD WARNING: AS REQUIRED BY LAW, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES A STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH MAY BE CONSIDERED CRIME.