

Application

Insured and/or Administered by
CIGNA Health and Life Insurance Company
900 Cottage Grove Road
Hartford, CT 06152



1. Name of Applicant	2. Main Address
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3. Nature of Business

4. Classes and Locations of Individuals Eligible	5. Subsidiary and Affiliated Companies Included
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6. Total Number of Individuals Eligible	For Individual Benefits	For Dependent Benefits
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Have any of the classes of individuals eligible been covered under a group insurance policy or any other form of group plan within the past five years?
 Yes No *If so, please specify the benefits, the underwriting company or organization, and the dates these benefits were terminated.*

7. Group Insurance Applied For: *(Please check all that apply)*

Individual	Dependent		Individual	Dependent	
<input type="checkbox"/>	<input type="checkbox"/>	Life Insurance	<input type="checkbox"/>	<input type="checkbox"/>	Doctors Attendance Benefits
<input type="checkbox"/>	<input type="checkbox"/>	Accidental Death & Dismemberment Insurance	<input type="checkbox"/>	<input type="checkbox"/>	Laboratory and X-ray Examination Benefits
<input type="checkbox"/>	<input type="checkbox"/>	Short Term Disability Insurance	<input type="checkbox"/>	<input type="checkbox"/>	Major Medical Benefits
<input type="checkbox"/>	<input type="checkbox"/>	Long Term Disability Insurance	<input type="checkbox"/>	<input type="checkbox"/>	Comprehensive Medical Benefits
<input type="checkbox"/>	<input type="checkbox"/>	Hospital Benefits	<input type="checkbox"/>	<input type="checkbox"/>	Dental Benefits
<input type="checkbox"/>	<input type="checkbox"/>	Surgical Benefits	<input type="checkbox"/>	<input type="checkbox"/>	Vision Care Benefits

8. Effective Date Requested: _____
Group Insurance at the Insurance Company's rates and under the terms of the policy(s) applied for will take effect on the Effective Date Requested if the Application is accepted at the Home Office of the Insurance Company. If certain persons eligible are to contribute to the cost of the Group Insurance, such Group Insurance will take effect on the later of: the date the required number have enrolled, or on the Effective Date Requested. If this Application is not accepted, no insurance will become effective. Any premium advanced by the Applicant will be refunded upon surrender of this Conditional Receipt.

9. THE APPLICANT DECLARES: that he has read the above statement and the answers to the above questions are complete and true. The Applicant agrees: (1) that this Application is offered as an inducement for the Group Insurance applied for; (2) that the terms and conditions of the Insurance Company's Proposal for the Group Insurance applied for forms a part of this Application and that this Application will form a part of any policy(s) issued; (3) that only the information on this Application will bind the Insurance Company; and (4) that no waiver or change will bind the Insurance Company unless signed by an Executive Officer of the Insurance Company. Group Insurance will only be provided for persons eligible under the policy(s) issued.

Dated at _____ on _____

Name of Applicant _____

By _____ Title _____

Witness _____ Soliciting Agent if other than Witness _____

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

STATEMENT TO BE SIGNED BY APPLICANT UPON PAYMENT OF THE PREMIUM OR ANY PART THEREOF

I HEREBY DECLARE that I have paid to _____ Agent
_____ Dollars for which I hold his receipt.

Date _____ Applicant _____

Agent _____ Agent's License No. _____

Conditional Receipt

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900 Cottage Grove Road
Hartford, CT 06152



Received of _____ Dollars
to be applied against the first premium on the proposed Group Insurance under this Application. This payment is made and accepted subject to the following conditions. Group Insurance at the Insurance Company's rates and under the terms of the policy(s) applied for will take effect as of the Effective Date Requested if the Application is accepted at the Home Office of the Insurance Company. If certain persons eligible are to contribute to the cost of the Group Insurance, such Group Insurance will take effect on the later of: the date the required number have enrolled, or on the Effective Date Requested. If the Application is not accepted, no insurance will become effective. Any premium payment advanced by the Applicant will be refunded upon surrender of this Conditional Receipt.

Date _____ Agent _____ Agent's License No. _____

DETACH THIS RECEIPT WHEN PAYMENT IS MADE