Trustmark
Voluntary Benefit Solutions
PERSONAL. FLEXIBLE. TRUSTED.
A Division of Trustmark Insurance Company

Employer's Application for Insurance Program

This is an agreement to establish an employee payroll deduction program between the undersigned employer ("you/your") and Trustmark Insurance Company ("Trustmark"). You agree that the payroll deductions will consist of 100% employee funds. Each of your eligible employees is entitled to apply for the insurance coverage(s) you have selected which are issued by Trustmark on a payroll deduction basis. Employee eligibility and coverage specifications are outlined in the Underwriting Offer for this program.

You agree to provide Trustmark representatives with reasonable access to eligible employees on your business premises during regular working hours for the purposes of explaining the plan(s) and enrolling employees.

You agree to honor and administer on a timely basis the written payroll deduction request of each participant. All deductions will be remitted to Trustmark in accordance with a billing schedule to be determined. You will maintain adequate records to ensure that the deductions can be reconciled to the employee, and will notify Trustmark monthly of any change in employee status.

You agree to have Trustmark deliver your employee's certificates of insurance to your home office by electronic mail, and you understand that Trustmark will also send courtesy copies of these certificates of insurance to these employee's residences.

Employer:_____ Employer Tax ID No: _____
Address: _____
Employer Representative to Receive Electronic Delivery (name): _____
Representative's Email Address: _____

This agreement is to remain in effect for a minimum of 12 months from the effective date of coverage for your employees. After that, either you or Trustmark may terminate this program with 60 days prior written notice to the other party. Following termination, your obligation to collect and remit premium ceases, and payments must be made directly to Trustmark by any insured employees who elect to continue coverage.

Each eligible employee has the right at any time to either (1) elect not to participate in this plan; or (2) if participating, elect to cancel. In the event an insured employee ceases to be employed by you, (s)he has the right to continue insurance subject to the provisions of the policy(ies).

The insurance coverage(s) you have selected for the purpose of insuring your eligible employees may be provided under Group Policies issued to an insurance trust to which you hereby make application to participate (if applicable), and you agree subject to acceptance to become a participating employer in said trust (if applicable).

Accepted and Approved for Employer:

By: _____

(Printed name)

_____
(Signature)

Title: _____
Date: _____

Accepted and Approved for Trustmark:

By: _____

(Printed name)

_____
(Signature)

Title: _____
Date: _____