

Dearborn Life Insurance Company

Application for Group Insurance
Administrative Offices: 701 E. 22nd Street, Lombard, Illinois 60148

☒ New Application ☐ Change Group #: F024990 Federal Tax ID #: 36-6006155

Section 1. POLICYHOLDER INFORMATION: Please Type or Print All Information.

Policyholder (full legal name): Wheaton Park District

Address (not PO box): 102 E Wesley St

City: Wheaton State: IL Zip: 60187

Subsidiaries or Affiliates to be covered: ☐ Yes; or ☒ No (If more than one, indicate on separate sheet and attach to this application)

If Yes: Company Name:

Address (not PO box):

City: State: Zip:

Premium is payable on the first of the insurance month unless mutually agreed upon by the Policyholder and the insurance company.

Section 2. GENERAL INFORMATION:

Product Choice (Check all that apply)	Policyholder will Contribute:	Requested Effective:	* Replacing Coverage Yes/No
<input checked="" type="checkbox"/> Group Term Life <input checked="" type="checkbox"/> AD&D:	<input checked="" type="checkbox"/> 100%; or <input type="checkbox"/> Other: %	01/01/2020	Yes
<input checked="" type="checkbox"/> Supplemental Life <input checked="" type="checkbox"/> AD&D:	<input checked="" type="checkbox"/> 0%; or <input type="checkbox"/> Other: %	01/01/2020	Yes
<input checked="" type="checkbox"/> Group Vision:	<input checked="" type="checkbox"/> 100%; or <input type="checkbox"/> Other: %	01/01/2020	Yes

* Enclose a copy of each in force policy to be replaced.

Section 3. POLICYHOLDER STATEMENT:

The Policyholder or authorized representative (Policyholder) applies for a group insurance policy(s) through Dearborn Life Insurance Company.

The Policyholder represents and certifies that:

1. This application must be approved in writing by Dearborn Life Insurance Company. Issuing the insurance policy is evidence of approval. Coverage for insureds under the group policy is effective when the insured applies and is approved for coverage by Dearborn Life Insurance Company. The Policyholder will not collect premium from an insured who requires medical underwriting until Dearborn Life Insurance Company approves the insured's application for coverage; and
2. Dearborn Life Insurance Company will issue a policy only if Dearborn Life Insurance Company decides that the group is an acceptable risk based on Dearborn Life Insurance Company underwriting practices and procedures; otherwise Dearborn Life Insurance Company has no liability except to refund premium. The Policyholder must return to individual insureds any part of the premium paid by those insureds; and
3. The premium rates are contingent, based on the accuracy of insured eligibility data given to Dearborn Life Insurance Company by the Policyholder. Misstatements on an insured's application or failure by the Policyholder or insured to report new medical information before an insured's effective date of coverage may cause a change to the coverage or premium rate as of the policy effective date; and
4. The Policyholder and insureds are subject to all the policy terms and provisions and trust agreements, if applicable. They may be amended from time to time; and
5. If the Policyholder does not collect or pay premiums by the premium due date, the policy will terminate at the end of the policy's grace period; and
6. Even with the purchase of a disability policy, the Policyholder may be required to buy disability coverage under a state disability benefit act or law; and
7. The Policyholder will: a) send Dearborn Life Insurance Company applications of individual insureds prior to the eligibility date; b) give certificates to all insureds; c) report changes in the insured group to Dearborn Life Insurance Company; and d) keep records of insured eligibility.
8. The information given and statements made on this application are complete and correct. Misstatements or omissions of information may affect the validity of any insurance policy issued and cause the denial of an otherwise valid claim.
9. Statements made by the Policyholder are representations and not warranties. No statement made by any insured will be used in any contest unless a copy of the instrument containing the statement is or has been given to the insured or, in case of death or incapacity of the insured, to his beneficiary or personal representative.

This application and the payment of premium are consideration for any master policy and certificates issued. This application is part of any insurance policy issued. The authorized signature on this application is acceptance of the policy terms.

DocuSigned by:

Michael J. Benard

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Authorized Signature

11/7/2019

Date (Must be signed prior to Effective Date)

Michael J. Benard

Print Name and Provide Title

Licensed Resident Agent (if required)