

GROUP MEDICAL APPLICATION

**AMERICAN SENTINEL INSURANCE COMPANY/
AEGIS SECURITY INSURANCE COMPANY**

2407 PARK DRIVE, SUITE 200
P.O. BOX 61140
HARRISBURG, PENNSYLVANIA 17106-1140
Telephone: 1-800-692-7338

GROUP MEDICAL APPLICATION

We hereby apply for Group Medical Insurance and furnish the information below:

NAME AND ADDRESS: _____
(Please Type or Print) _____
_____ **ZIP** _____

Contact _____
Contact's E-mail Address _____
Employer Phone # (_____) _____
Employer Fax # (_____) _____

Type of Industry _____

Number of Eligible Employees _____

Enrollment Waiting Period _____

EFFECTIVE DATE (Must be 1st of Month) _____

PLANS OF INSURANCE (Choose one program)

PREMIER _____

TRADITIONAL _____ N/A _____

BASIC _____

VALUE _____ N/A _____

Aegis Security Insurance Company

Application is hereby made to

AEGIS SECURITY INSURANCE COMPANY

by [_____]

for the Insurance provided by Policy No. [_____]

This policy is delivered in the State of Illinois.

All statements made by the Policyholder in the application will, in the absence of fraud, be deemed representations and not warranties.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

The terms of the policy are hereby approved and accepted by the named Policyholder. The policy will take effect on the effective date specified in the policy.

Date

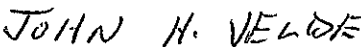
Date

Authorized Signature



Licensed Resident Agent's Signature

Officer's Name



Licensed Resident Agent's Name

Title

Licensed Resident Agent ID#

IL