

# Group Insurance Application

United of Omaha Life Insurance Company  
3300 Mutual of Omaha Plaza • Omaha, NE 68175



## APPLICANT INFORMATION

Applicant (Full Legal Name) City of Grand Rapids

Address 420 N Pokegama Ave

City Grand Rapids

State MN

ZIP 55744

## REQUESTED EFFECTIVE DATE

Insert Date on this Line 08-01-2022

If this application is approved, insurance will become effective on the requested effective date, unless United of Omaha Life Insurance Company sends written notice of a different effective date.

Coverage(s) being applied for	GROUP (Contributory / Non-Contributory)	GROUP VOLUNTARY (100% Employee Paid)
Life	<input type="checkbox"/>	<input type="checkbox"/>
Life / AD&D	<input type="checkbox"/>	<input type="checkbox"/>
Short Term Disability	<input type="checkbox"/>	<input type="checkbox"/>
Long Term Disability	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Dental	<input type="checkbox"/>	<input type="checkbox"/>
Vision	<input type="checkbox"/>	<input type="checkbox"/>
Critical Illness	<input type="checkbox"/>	<input type="checkbox"/>
Accident	<input type="checkbox"/>	<input type="checkbox"/>

## REQUIRED FRAUD WARNING

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, may be guilty of a crime and may subject such person to criminal and civil penalties.

## ACKNOWLEDGEMENT AND SIGNATURE

All statements in this application and any claims experience data provided to United of Omaha Life Insurance Company are true and complete and will be relied upon by United of Omaha Life Insurance Company to determine whether to issue a policy. Such statements and claims experience data, along with the group insurance proposal from United of Omaha Life Insurance Company, are the basis for any policy issued by United of Omaha Life Insurance Company. Any incomplete, incorrect or misleading statements or data may void this application and any issued policy as of the effective date.

If an authorized representative at United of Omaha Life Insurance Company's Home Office does not approve this application, no insurance is in effect at any time and any advance payment received will be returned.

Applicant Signature

Name

Title

Date

Broker Signature

Name A.T. Group, LLC - Allan Roth

License #