

**THE FIRST REHABILITATION LIFE INSURANCE COMPANY OF
AMERICA
600 Northern Blvd.
Great Neck, NY 11021-5202**

MASTER APPLICATION

An application is hereby made to The First Rehabilitation Life Insurance Company of America herein referred to as ("First Rehab") for a policy of Life and Accidental Death and Dismemberment (under which this application is attached to and shall become part of), based on the following statements and representations. Please print. Fill in all statements.

1. Company Name (Policyholder) _____
Correspondent _____
Address _____
Telephone Number() _____

2. List the names and addresses of all subsidiaries or affiliated companies whose employees will be covered.

3. Nature of Business _____

4. Total number of full-time employees _____
(full time is defined as an employee working a minimum of 30 hours per week on a permanent full time basis at the employer's usual place of business, or at a location to which the employer's business requires the employee to travel.)

5. Total number of employees to be insured _____
 a. Number of males _____
 b. Number of females _____

6. Has the group ever had coverage with First Rehab.? _____ If yes, what
type? _____ . For what period? _____ Reason for
termination? _____ .

7. Is there any group life insurance plan in force or being applied for on some or all employees? _____
 If so, please complete the following:

Employee Class	Maximum Amounts	Name of Carrier	Effective Dates	Termination Dates
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

8. This program is on a non-contributory basis.

9. All premiums due under this policy, including adjustments, if any are payable by the Policyholder on or before their respective due dates at the Insurance Company's home office. One months deposit premium in the amount of \$ _____ accompanies this application.

10. Schedule of benefits:
 Group Life and A D & D Benefits

<u>Employee Class</u>	<u>Life Amount</u>	<u>AD & D Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

11. This policy shall be effective _____ at 12:01 a.m. EST at the above address of the employer.

12. The rates will be _____ per male employee and _____ per female employee.

No agent or other person except the President, a Vice President, the Secretary, or the Treasurer of The First Rehabilitation Life Insurance Company of America has the authority to make or modify any contract on behalf of the insurance companys rights or requirements, and no waiver shall be valid unless in writing and signed by one of the foregoing officers.

I have reviewed the statements on this application and they are true and complete.

Dated _____ Signature of Employer _____
 Title _____

Dated _____ Signature of Agent _____
 Name and Address of Agency _____