

TEXAS ELITE ACCIDENT PLAN
Occupational Accident Insurance From GHS Property and Casualty Company
EMPLOYER APPLICATION & CERTIFICATION FORM

GROUP INFORMATION

Legal Name of Group: _____
(attach listing of subsidiaries/affiliates to be covered)

Doing Business as: _____

Address: _____ City _____ State _____ Zip _____ Email: _____

Phone: (_____) _____ Federal Tax ID: _____ SIC #: _____

Contact Name: _____ Nature of Business _____

Current and Most recent Carrier: _____ Total # of Employees: _____

OWNER INFORMATION

Please list names of all owners: _____

Are owners to be covered? Yes No

Are they on The State Employment Commission Report? Yes No

SAFETY PROGRAM

Do you currently have a safety program in place? Yes No

What is the name of your safety program provider? _____

COVERAGE INFORMATION – Split Benefit Policy

Requested Effective Date: _____

Benefit Period 116 Weeks Deductible: \$1,000 \$2,500

Medical Benefit Amount: \$100,000 *Silver Plan* \$300,000 *Gold Plan* \$500,000 *Platinum Plan*

Accidental Death & Dismemberment \$100,000

ADDITIONAL COVERAGE INFORMATION

Please check only if contract laborers are to be insured (if yes, Contract Labor Census must be completed)

CENSUS INFORMATION

# of Employees		<ul style="list-style-type: none"> 100% participation required including all part-time employees. <p>Choose One:</p> <input type="checkbox"/> \$30 Monthly * <input type="checkbox"/> \$55 Quarterly * <input type="checkbox"/> \$80 Semi-Annually *
Per Person Rate		
Total Net Premium		
Monthly Fee *		
Total Monthly Cost		
Annual Fee	\$50.00	
Total Initial Payment		

Please photocopy the census page as many times as necessary to include all eligible employees, or provide census report with necessary information.

EMPLOYER CERTIFICATION FORM

I, the undersigned, as a representative of the above-named employer (the "Group), do hereby certify the following:

1. We are applying to GHS Insurance Company (the company) for Accident Insurance. We fully acknowledge and understand that acceptance of this request is subject to all the Company's requirements and verification of quoted premium. The insurance applied for shall not be effective until the application has been approved and accepted by the Company in writing and the Coverage Effective Date has been assigned. A Policy and Schedule of Benefits will be issued.
2. We understand that 100% of all eligible employees must be covered and that this will be verified using quarterly employment tax statements.
3. In order for employee insured to take effect, each employee must satisfy the eligibility requirements of the policy.
4. We agree to pay the required premium to the Company when due.
5. We have reviewed the sales material and the application. These materials, taken together, describe the coverage terms, conditions, limitations, and exclusions of the Accident Insurance for which we are applying, all of which have been explained to us by the broker/agent whose signature appears below.
6. We understand the coverage terms, conditions, limitations, and exclusions of the Accident Insurance for which we are applying.
7. WE ACKNOWLEDGE AND FULLY UNDERSTAND EACH OF THE FOLLOWING ITEMS:
 - This is not Workers' Compensation Insurance, nor is it a replacement for Workers' Compensation Insurance. GHS does not sell, nor is it authorized to sell, workers' compensation insurance with this application.
 - This coverage is not intended to, nor will it provide the Group with any protection or defense against any suit, which may be brought by anyone for any reason.
 - In order for insurance to take effect on the date specified by the Insurer, 100% of the Group's employees must satisfy the eligibility requirements of the Policy.
 - Any person who fits the definition of an employee, but who is not Actively at Work on the Effective Date of Your Policy will be covered on the date they return to the normal and substantial duties of their occupation.
 - Employee eligibility may be verified using a quarterly employment tax statement or payroll report at case submission and thereafter as requested by GHS.
 - This is not a policy of Workers' Compensation Insurance. The Group does not become a subscriber to the Workers' Compensation system by purchasing this coverage, and if the Group is a non-subscriber, the Group loses certain common-law defenses to suit as well as certain limitations on liability that would otherwise be available under the Workers' Compensation laws. The Group must comply with the Workers' Compensation law as it pertains to non-subscribers and the required notifications that must be posted and filed.

GHS Property and Casualty Company and its representative are authorized to contact me by mail or telephone to discuss this application.

Authorized Signature: _____ Date: _____

Group Name: _____

Printed Name and Title of Party Signing: _____

Agent Signature: _____ Date: _____

Printed Agent Name: _____