



DENTAL · VISION · LIFE · DISABILITY

Renaissance Life & Health Insurance Company of America

P.O. Box 1596, Indianapolis, IN 46206

APPLICATION TO CONTINUE GROUP ACCIDENT COVERAGE

—Please Type Or Print Clearly In Dark Ink—

Employees and their insured dependents may be eligible to continue Group Accident Insurance coverage if their coverage under the Employer Group Accident Insurance Policy terminates. Employees should see the Certificate of Coverage for details regarding the right to continue coverage.

In order to continue your coverage you must complete this application and submit it to Renaissance within the period outlined in your Certificate of Coverage.

NOTE: The first section of this application **MUST** be completed by your employer.

SECTION I | EMPLOYER INFORMATION (POLICYHOLDER USE ONLY)

Name of Employer:		Group ID Number:	Billing Class:
Unit Name and Number:		Policy Number(s):	
Date Group Accident Benefits Terminated:	Reason Group Accident Benefits Terminated		

Was The Employee Unable to Perform or was Limited from Performing the Material and Substantial Duties of His/Her Regular Occupation On The Date Of Termination?: Yes No (If Yes, the Employee is NOT eligible to apply for Continuation of Group Accident Insurance)

Policyholder Signature:	Date Signed:
Job Title/Occupation:	Telephone (include area code):

SECTION II | EMPLOYEE INFORMATION (COMPLETED BY APPLICANT)

Full Name (Last, First, MI):	<input type="checkbox"/> Male	Email:	
	<input type="checkbox"/> Female	Phone:	
Street Address (Include Apt Number/Suite):	City:	State:	ZIP Code:
Social Security Number:	Date of Birth (mm/dd/yyyy):	Job Title/Occupation:	

Individuals Applying To Continue Coverage: Employee Employee's Insured Spouse Employee's Insured Child (Employee **MUST** continue coverage in order for any dependents to continue insurance)

SECTION III | EFFECTIVE DATES

THE EFFECTIVE DATE OF THE COVERAGE APPLIED FOR WILL BE THE DATE OF TERMINATION OF YOUR INSURANCE UNDER THE POLICY NUMBER DESIGNATED IN THE EMPLOYER SECTION ON PAGE ONE, BUT IT IS AGREED THAT COVERAGE SHALL NOT BECOME EFFECTIVE UNTIL: (A) THIS APPLICATION HAS BEEN APPROVED BY RENAISSANCE AT ITS HOME OFFICE; AND (B) A DEPOSIT PREMIUM FOR \$20 HAS BEEN RECEIVED BY RENAISSANCE AT ITS HOME OFFICE. IF YOUR APPLICATION IS APPROVED, YOU WILL BE BILLED FOR THE BALANCE OF THE PREMIUM DUE FOR THE DURATION OF COVERAGE.

SECTION IV | APPLICANT CERTIFICATION

MY DEPOSIT PREMIUM CHECK FOR \$20.00 IS ENCLOSED FOR THE COVERAGES SELECTED. THIS CHECK WILL BE APPLIED TO MY INITIAL PREMIUM IF MY APPLICATION IS APPROVED AND WILL BE RETURNED TO ME IF MY APPLICATION IS NOT APPROVED. I UNDERSTAND THAT I MUST PAY THE BALANCE OF THE PREMIUM WITHIN 31 DAYS AFTER THE DATE THIS APPLICATION HAS BEEN APPROVED BY RENAISSANCE.

I UNDERSTAND THAT I AM APPLYING FOR CONTINUATION OF GROUP ACCIDENT INSURANCE UNDER THE POLICY NUMBER DESIGNATED IN THE EMPLOYER SECTION ON PAGE ONE, AND THAT SUCH COVERAGE WILL TERMINATE AT THE END OF THE PERIOD FOR WHICH PREMIUM WAS PAID, OR THE DATE THE POLICY CEASES, WHICHEVER IS EARLIER. TO THE BEST OF MY KNOWLEDGE AND BELIEF ALL FOREGOING STATEMENTS AND ANSWERS ARE TRUE.

Applicant Signature

Date Signed

FOR RENAISSANCE USE ONLY:

Application Approved On: _____ To Be Effective: _____ By: _____



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Underwritten by Renaissance Life & Health Insurance Company of America, Indianapolis, IN, and in New York by Renaissance Life & Health Insurance Company of New York, Binghamton, NY.
Both companies may be reached at PO Box 1596, Indianapolis, IN 46206.



P.O. Box 1596, Indianapolis, IN 46206 | RenaissanceBenefits.com | Administration: 800-745-7509 | Customer Service: 888-358-9484