

**Employee Application for
Hospital Confinement Indemnity "Gap"
Insurance**



Please print clearly in blue or black ink.

Issue

Policy Number: MG-111-

APPLICANT INFORMATION:

Name (last, first, middle)				Sex <input type="checkbox"/> M <input type="checkbox"/> F	
Age	Date of Birth (mm/dd/yy)	Social Security Number	Home Phone #	Work Phone #	
Street Address			E-Mail		
City		State	Zip Code		
Employer		Occupation	Date of Hire		
Coverage Selected:		<input type="checkbox"/> Employee	<input type="checkbox"/> Employee & Spouse		<input type="checkbox"/> Employee & Family
		<input type="checkbox"/> Employee & Child(ren)			
Monthly Premium: \$		Requested Effective Date of Coverage/Change:			

DEPENDENT INFORMATION

	Name (last, first, middle)	Birth Date	Sex	Social Security #
Spouse				
Child				
Child				
Child				

(Use reverse side of form if additional space is needed)

I hereby: **ENROLL**, or **CHANGE** as indicated above, for this group insurance coverage for which I am eligible. I understand and acknowledge: That no coverage will take effect for any person to be covered who is not also covered by a Major Medical/Comprehensive Policy including Coinsurance and Deductible, in force at the time of my proposed Effective Date for this coverage.

Applicant's Signature ▶ _____ Date _____
Parent or Legal Guardian if the Applicant is Under Age 18

Agent's Signature ▶ _____
 (where applicable by law)

A-01026

M-9054

Assurant Employee Benefits is the brand name for Group Hospital Confinement Indemnity insurance underwritten by Fidelity Security Life Insurance Company.

Mail to: Assurant Employee Benefits Attn: Worksite, P.O. BOX 419569, Kansas City, MO 64141-6596