

PART 3: ACTIVE WORK

It is understood and agreed that this application shall be made part of the Policy for which application is made. It is further understood:

1. Being **Actively at Work** is a requirement for coverage. If an employee is **not Actively at Work** on the day his coverage would otherwise be effective, the effective date of his coverage will be the date of his return to **Active Work**. If an employee does not return to **Active Work**, he will not be covered.

The terms "**Actively at Work**" and "**Active Work**" mean that an employee is performing the Material and Substantial Duties of his occupation; is working the number of hours specified in Part 2, Schedule of Benefits; and satisfies any other conditions required by the applicable group Policy.

2. As of the proposed effective date (Item 6 above), are any of your employees **not Actively at Work** (as defined above) **and, therefore, not eligible for coverage?**

Yes No If yes, please provide the following information: (Attach a signed dated sheet if more space is needed.)

A. Name _____ Sex _____ Date of Birth _____ Date Last Worked _____

Reason not Actively at Work: Disability Family Leave Other _____

B. Name _____ Sex _____ Date of Birth _____ Date Last Worked _____

Reason not Actively at Work: Disability Family Leave Other _____

PART 4: TERMS AND CONDITIONS

I, as the undersigned employer or other eligible membership organization ("Participating Employer"), hereby apply for coverage in the Council of Smaller Enterprises (COSE), a division of Greater Cleveland Partnership (GCP), group association insurance policy offered by Consumers Life Insurance Company (CLIC). I acknowledge that a copy of the group insurance policy is available at COSE's office for review by Participating Employers and employees. I acknowledge that no coverage can commence unless I receive written notice of approval from CLIC's home office.

I agree that, upon acceptance and approval by CLIC, I will, so long as such participation continues, fully comply with all obligations applicable to Participating Employers under the COSE policy as set forth therein. I understand that the insurance coverages under the group insurance policy will be only as provided for under the policy issued to COSE as the Policyholder. I acknowledge that COSE is not an insurer, and has no obligations regarding payment of premiums or handling of claims for the insurance provided under the group insurance policy issued to it as policyholder.

I understand that this insurance is subject to the approval of CLIC, and nothing contained herein shall be binding upon CLIC until this application is approved and accepted at CLIC's home office. No waiver or change will bind CLIC unless signed by an Executive Officer of CLIC.

I certify that the information in this application is true and accurate to the best of my knowledge. I understand that the information in this application and any other information I provide shall serve as the basis for the coverage to be issued, and that I have a duty to notify CLIC of any changes. I have relied upon no oral or written representations that contradict the aforementioned active-work information.

Participating Employer Name and Title

Authorized Representative's Signature

Title

Date

WARNING: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud. (Ohio Revised Code Section 3999.21)

Licensed Resident Agent (if required)

