



Group/Account Number _____

Master Account Number _____

Effective Date _____

1. Account Profile

A. Group/Account Name _____

B. Situs State _____ C. SIC code _____ D. Federal ID No. _____

E. Physical Address* _____

City _____ State _____ Zip _____

* For Group products, address must be based on situs state of Group policy.

Check this box if the Billing Address is the same as the Physical Address.

Contact Person(s):

1. Responsible Officer of Employer _____

Title _____

2. Group Insurance (This section pertains to Group Products only)

A. Subsidiaries to be included in coverage:

Name	Address	City	State	Zip
_____	_____	_____	_____	_____

Number of Employees _____ Wholly-owned Subsidiary of Policyholder?* Yes No

B. Requested Effective Date for Plan year _____ to _____ First Payroll Deduction Date _____

C. Check here and complete the information below if the AHL insurance will be part of an Employee Welfare Benefit Plan established and maintained by the employer/union under the Employee Retirement Income Security Act (ERISA).

ERISA Plan No. _____ Plan Year: From: _____ through: _____ each year.

Plan Name _____

(If different than above)

Plan Address _____

City _____ State _____ Zip _____

The above should be as it appears on the most recent Form 5500 or **as it will appear** on the first form 5500 for a new plan.

*If the "subsidiary" is not owned by the Policyholder, please describe the relationship under item 6, "Comments".

3. Proposed Insureds

A. Eligible Employees

1. Total number of employees eligible for coverage: _____

2. Eligible Employees are (check all that apply):

Full-time employees who work 20 or more hours per week.

Part-time employees who work 20 or more hours per week.

Full-time employees who work 25 or more hours per week.

Other (explain): _____

Full-time employees who work 30 or more hours per week.

3. Describe any class of employees/members to be excluded: _____

B. New Hire Waiting Period is _____ days after hire date.

New Hire Enrollment Period includes the 31 days following the New Hire Waiting Period

Coverage for New Hire begins On the first day of the month following enrollment or the Next Day

C. Eligible Individuals in the Waiting Period on the policy effective date will:

Complete Waiting Period or Be eligible immediately

D. Annual Enrollment Period is:

The Calendar Month before the Policy Anniversary Date Other (explain): _____

E. Individuals first eligible after the policy effective date may enroll (applies to Allstate Benefits Products ONLY):

Within 31 days of eligibility or Only at the next Annual Enrollment Period.

4. Billing Information For Both Group and Individual Products

A. Account Name _____

B. Billing Address 1132 Bishop St., Ste 2101 _____

City Honolulu State HI Zip 96813

C. Billing Contact Tennyson K.W. Lum Jr. _____

Telephone 808.792.5212 Fax 808.792.5252

Email tlumjr@piopac.com _____

Enter additional billing location(s):

Billing Address _____

City _____ State _____ Zip _____

Billing Contact _____

Account Number _____ Telephone _____

Fax _____

Email _____

D. Billing Method

Bill to Employer

Account's Designated Payroll Administrator/Service

Name of Account's Designated Payroll Administrator/Service PIOPAC Fidelity _____

E. Employees will be identified by: Social Security Number Employee ID

F. Bill will be identified by: Social Security Number Employee ID Employee Name

G. Payroll Deduction Frequency

Payroll Frequency	Location Name**	Deductions Per Year	Bills Per Year
<input type="checkbox"/> Weekly	_____	52 deductions	13 Bills a year
<input type="checkbox"/> Bi-Weekly	_____	26 deductions	13 Bills a year
<input type="checkbox"/> Semi-Monthly	_____	24 deductions	12 Bills a year
<input type="checkbox"/> Monthly	_____	12 deductions	12 Bills a year
<input type="checkbox"/> Tenthly*	_____	Varies	10 Bills a year
<input type="checkbox"/> Other	_____	_____	_____

* Payroll deduction frequency is not allowed for the following true group products: EyeMed, GAP, GIM, GCIP3, GVCIP1 (New Generation), GVDI (New Generation), STD, Term Life & Vision

** If you **select** more than one payroll deduction **frequency** you will need to provide the corresponding location name.

4. Billing Information For Both Group and Individual Products

H. Combined Billing: Yes No (for Products on Multiple Admin Systems)

I. Section 125: Yes No

5. Product Offerings

Select Products

GROUP PRODUCTS

- Group Accident (GVAP1 - 24 Hour Coverage)
- Group Accident (GVAP2 - Off the Job)
- Group Accident (GVAP6 - 24 Hour/Off the Job Coverage)
- Group Critical Illness (GVCIP1)
- Group Critical Illness (GVCIP2)
- Group Critical Illness (GCIP3)
- Group Critical Illness (GVCIP4)
- Group Critical Illness (GCIP4 - Employer Paid)
- Group Cancer/Specified Disease (GVCP2)
- Group Cancer/Specified Disease (GVCP3)
- Group Universal Life (GUL23)
- Group Term to Age 100 Life (GPTL)
- Group Whole Life (GWL)
- Short Term Disability (GVD-4000)
- Group Voluntary Disability Income (GVDI)
- Group SHOP (GVSP1)
- Group Indemnity Medical 2 (GIM2 - HSA)
- Group Indemnity Medical 2 (GIM2 - Non-HSA)
- Group PPO Dental Plan
- EyeMed Vision Care
- Major Medical Complement (GAP)

SMALL MARKET SOLUTIONS GROUP PRODUCTS*

- Group Accident (GVAP1-SMS)
- Group Accident (GVAP2 - SMS)
- Group Accident (GVAP6 - SMS)
- Group Critical Illness (GVCIP2 - SMS)
- Group Critical Illness (GVCIP4 - SMS)
- Group Voluntary Disability Income (GVDI - SMS)
- Group SHOP (GVSP1 - SMS)
- Group Term to Age 100 Life (GPTL - SMS)
- Group Whole Life (GWL - SMS)
- Accident (AP6 - SMS)--**FL and MI**

***If any SMS product is chosen, then all products must be chosen from the SMS portfolio of products.**

INDIVIDUAL PRODUCTS

- Accident (AP2)
- Accident (AP3)
- Accident (AP6 - 2Tier)
- Accident (AP6 - 4Tier)
- Cancer (CP10)
- Cancer (CP12)
- Critical Illness (CILP1)
- Disability (DI5)
- Hospital Indemnity (SHOP)
- Individual Whole Life

OTHER PRODUCTS AND SERVICES

- PinnacleCare with CI
- PinnacleCare ER Paid Standalone
- Legal Protection
- ID Theft Protection

6. Account Agreement

A. Electronic Delivery of Certificates of Coverage (Group Products Only)

The certificate of coverage and its accompanying notices (the "Certificate") provides important information to insureds about their coverage under the AHL group insurance policy (the "Policy"). Because of its responsibility for delivering the Certificate to each insured, the Group Policyholder has the right to receive a paper copy of the Certificate, as well as the Policy. However, as a service to the Group Policyholder, AHL provides the following electronic delivery service:

- On behalf of the Group Policyholder, AHL will deliver electronically to insureds the Certificate by making the Certificate available on www.allstatebenefits.com/mybenefits (or other website address, as AHL may designate). Insureds will receive instructions from AHL on how to access their Certificate on the website and will need a personal computer with Internet access, appropriate browser software, and Adobe Acrobat Reader®. Electronic delivery may be limited in some states and/or by product. In those circumstances, AHL will deliver the Certificate (or required parts of the Certificate) to the insured via U.S. Mail.

By signing this Customer Agreement, you are authorizing, and affirmatively consenting to, these electronic delivery methods, as applicable, in place of receiving paper versions of the Certificate and the Policy.

B. Effective Date

If issued, the coverage selected as indicated on the attached addendum(s) will become effective on the date stated in the Policy(ies). The Policy(ies) issued and any amendments, riders, and/or endorsements thereto, along with the application, will constitute the entire contract.

C. Acceptance of Voluntary Insurance

Upon the approval of American Heritage Life Insurance Company, we (the Account) agree to establish a voluntary insurance program for the benefit of our employees/members. We agree to make the insurance available to all eligible employees/members and their eligible dependents and to distribute information and documents to enrolled employees/members as needed. We agree to maintain records and furnish AHL any information required in connection with administration of the insurance coverage. For each employee/member who executes a payroll deduction request, we will withhold the amount authorized. We will forward this money either: (i) directly to AHL upon notice of the

premium due from each employee/member, or (ii) to the Account's Designated Payroll Administrator if named in item 3, "Billing Information".

We may, upon written notice to AHL and to our employees/members, discontinue our participation in AHL's Insurance Program. In such event, the continued payment of premiums will be a matter directly between each employee/member and AHL.

We assume no responsibility for forwarding premiums from anyone other than current employees/members.

We understand that AHL does not disclose personal information about our employees/members to companies or organizations not affiliated with AHL that would use the information to market their own products and services. However, AHL may share with us personal information about our employees/members, and other persons, in order to carry out the purpose of AHL's Insurance Program. Personal Information includes all personally identifiable health information and other information about a person that:

- a person provides to AHL to obtain insurance,
- results from an insurance transaction, or
- is otherwise obtained in connection with providing insurance.

We agree not to disclose or use this personal information except as necessary for our participation in AHL's Insurance Program. We may be provided access to this information in electronic form and are responsible for limiting this access to those necessary for our participation.

For all group insurance coverage, we understand we may receive from AHL paper versions of the certificate of coverage and its accompanying notices (the "Certificate") and the AHL group insurance policy (the "Policy"). However, we instead affirmatively consent to AHL providing the following electronic delivery service, as applicable:

- We affirmatively consent to AHL, on behalf of the Group Policyholder, delivering electronically to each insured the Certificate. Where electronic delivery is not available, we request AHL deliver the Certificate and/or the Policy (or required parts thereof) via U.S. Mail.

Employer Authorized Officer - Printed Name: _____

Employer Authorized Officer - Signature: _____ Date Signed: _____

Comments

Item #	Additional Information
01	_____
02	_____

D. Agent Signature

By signing below, I affirm that I have personally met with the Account, verified all of the above information and the Account is ready to be processed.

Agent of Record: _____

	Agent Number	Percentage Credit	Name	Date Signed
Agent of Record				
Servicing Agent				
Other				
Other				

AOR Sales Channel (select one)

- Allstate (EA/EFS) Independent Agent

7. Servicing Agent

Email Address _____

Signature _____