

GROUP APPLICATION

Application is hereby made to

**HEALTHPLEX INSURANCE COMPANY
333 Earle Ovington Blvd., Suite 300
Uniondale, NY 11553-3608**

(Called "HEALTHPLEX")

whose main office address is

333 Earle Ovington Blvd., Suite 300
Uniondale, NY 11553-3608

by

(Called the Policyholder)

whose main office address is:

for the coverage afforded by Group Policy Number(s) listed below, the terms of which are hereby approved and accepted by the Policyholder to take effect on the date specified in this Policy.

It is agreed that this application supersedes any previous application for this Policy.

Signed by _____
(Authorized Signature for Policyholder)

Title _____

Name (Please print or type)

On _____, 20____

GROUP POLICY NUMBER: _____

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.