GROUP INSURANCE APPLICATION (FL)

ReliaStar Life Insurance Company
Home Office: Minneapolis, MN
Administrative Office: PO Box 122, Minneapolis, MN 55440-0122

PLAN INFORMATION

Type(s) of Insurance Requested: ☑ Accident ☑ Critical Illness ☑ Hospital Confinement Indemnity

Proposed Effective Date 01/01/2025

GROUP INFORMATION

Group Applicant Legal Name Polk Education Association Benefits Trust Fund

Group Applicant Address 730 East Davidson Street City Bartow State FL ZIP 33830

Business Name *(dba)*

ACKNOWLEDGMENTS AND SIGNATURE

The Policy provides limited benefits. Review the Policy carefully.

All statements and descriptions in the application are deemed to be representations and not warranties.

For Critical Illness Insurance: No person to be covered is also covered by any Title XIX program, designated as Medicaid or any similar name.

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Printed / Typed Name of Person Authorized to Contract on Behalf of Group Applicant Stephanie Yocum

➡ Authorized Signature [signature] Date 9/30/24

Title President, Polk Education Association

Agent / Producer Names *(Please print.)* Great Lakes Benefit Group
JOE Fernandez - TBX Employee Benefits, LLC

FL Agent / Producer Name Karim R. Cadd FL License Number W736606

➡ FL Agent / Producer Signature [signature] Date 9/30/24