

The applicant-employer requests participation in American's Trust-05. The applicant-employer requests insurance coverage for its employees under a Group Policy issued to the American's Trust-05.

The applicant-employer agrees to be bound by all of the terms of the group policy issued to the Trust as Policyholder and further understands and agrees that:

1. This request to participate does not assure acceptance as a Participating Employer under the Trust.
2. Neither this request to participate, nor the payment of any monies to be applied toward the premium, shall cause insurance coverage to become effective on any employee of the employer. In order for employee coverage to take effect on the date specified by American Community Mutual Insurance Company:
  - a. the employer must be accepted as a Participating Employer; and
  - b. each employee must satisfy the eligibility requirements of the policy.
3. The employer has seen a copy of the benefits proposed and agrees to pay the required premiums to American Community Mutual Insurance Company when due, and further agrees to give all eligible persons an opportunity to apply for the insurance if contributions are required.
4. The employer agrees to pay American Community Mutual Insurance Company any administrative fee when due.
5. The insurance is subject in every respect to the group insurance policy which alone constitutes the agreement under which the benefits are paid.

**Participation and contribution requirements are set forth in the group policy issued to the Trust.**

**In the event of termination, the Employer:**

1. Has no further right to, or interest in, the Trust, and
2. Is liable to American Community Mutual Insurance Company for all unpaid premiums for the period that such Employer participated in the Trust.

Acceptance of this request to participate is subject to all of American Community Mutual Insurance Company's requirements and to the terms of the group insurance policy issued to the Trust. American Community Mutual Insurance Company will notify the applicant-employer of any approval or disapproval of this request. A notice of approval will specify the effective date of the employer's plan or plan change. If the employer is accepted as a Participating Employer, it will receive a copy of the certificate of insurance.

The Trustee shall furnish copies of the American's Trust-05 upon request to any employer or insured employee of any employer covered by the Policy issued to the Trust.

Applicant-Employer (Full Legal Name): \_\_\_\_\_  
(Please Print)

Signed At: \_\_\_\_\_ Date: \_\_\_\_\_  
City State

\_\_\_\_\_  
*Signature of Authorized Employer Representative*