



IMPORTANT NOTICE ABOUT THE POLICY OF GROUP INSURANCE FOR WHICH YOU HAVE APPLIED

THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS AND THE LEGAL RIGHTS OF YOUR INSURED DEPENDENTS

READ THE FOLLOWING INFORMATION CAREFULLY.

- 1. THE POLICY FOR WHICH YOU HAVE APPLIED INCLUDES A BINDING ARBITRATION AGREEMENT. THIS AGREEMENT IS MADE BY YOU AND WILL APPLY TO YOU AND YOUR INSURED DEPENDENTS.**
- 2. THE ARBITRATION AGREEMENT REQUIRES THAT ANY DISAGREEMENT RELATED TO THIS POLICY MUST BE RESOLVED BY ARBITRATION AND NOT IN A COURT OF LAW.**
- 3. THE RESULTS OF THE ARBITRATION ARE FINAL AND BINDING ON YOU, AND/OR YOUR INSURED DEPENDENTS, AND THE INSURANCE COMPANY.**
- 4. IN AN ARBITRATION, AN ARBITRATOR, WHO IS AN INDEPENDENT, NEUTRAL PARTY, GIVES A DECISION AFTER HEARING THE POSITIONS OF THE PARTIES.**
- 5. WHEN YOU ACCEPT THIS INSURANCE POLICY, YOU AGREE TO RESOLVE ANY DISAGREEMENT RELATED TO THE POLICY BY BINDING ARBITRATION INSTEAD OF A TRIAL IN COURT INCLUDING A TRIAL BY JURY. THIS AGREEMENT WILL ALSO APPLY TO, AND BE BINDING UPON, ANY PERSON WHO IS COVERED BY THIS INSURANCE POLICY.**
- 6. ARBITRATION TAKES THE PLACE OF RESOLVING DISPUTES BY A JUDGE AND JURY AND THE DECISION OF THE ARBITRATOR CANNOT BE REVIEWED IN COURT BY A JUDGE AND JURY.**
- 7. AN EMPLOYEE WHO DOES NOT AGREE TO THE BINDING ARBITRATION AGREEMENT SHALL BE DECLINED FOR COVERAGE UNDER THIS GROUP INSURANCE PLAN.**

ACKNOWLEDGEMENT OF ARBITRATION AGREEMENT

I HAVE READ THIS STATEMENT. I UNDERSTAND THAT I AM VOLUNTARILY SURRENDERING THE RIGHTS OF MYSELF AND MY INSURED DEPENDENTS, TO HAVE ANY DISAGREEMENT BETWEEN THE INSURANCE COMPANY AND MYSELF AND/OR MY INSURED DEPENDENTS RESOLVED IN COURT. THIS MEANS I AM WAIVING MY RIGHT, AND THE RIGHT OF MY INSURED DEPENDENTS, TO A TRIAL BY JURY.

I UNDERSTAND THAT UPON RECEIPT OF COVERAGE, I SHOULD READ THE ARBITRATION CLAUSE AND THAT I HAVE THE RIGHT TO REJECT THIS COVERAGE WITHIN THREE (3) DAYS OF THE DATE OF DELIVERY IF I DO NOT WANT TO ACCEPT THE REQUIREMENT FOR ARBITRATION.

I UNDERSTAND THAT THIS SAME TYPE OF INSURANCE MAY BE AVAILABLE THROUGH AN INSURANCE COMPANY THAT DOES NOT REQUIRE THAT POLICY RELATED DISAGREEMENTS BE RESOLVED BY BINDING ARBITRATION.

PRINT EMPLOYEE'S NAME

SOCIAL SECURITY NUMBER

EMPLOYEE'S SIGNATURE

DATE

TIME

SPOUSE'S SIGNATURE

DATE

TIME

PRINT EMPLOYER'S NAME

EMPLOYER'S ACCOUNT NUMBER
(For additions to existing accounts)

AGENT'S SIGNATURE*

DATE

TIME

* Agent's signature not required for new insured added to existing group.