

This form certifies that:

(Name of employer)

(City, State)

(IPN # if applicable)

agrees that the Agent named below may offer Individual Disability Income Policies underwritten by The Union Central Life Insurance Company to eligible employees on a discounted basis.

The policies will be medically and financially underwritten, and the premiums will be:

(Check one:)

Paid with Employer dollars

Paid with Employee dollars

The billing method will be:

(Check one:)

List-Bill to the employer

Bank Draft or Direct Bill to each insured

Printed Name of Employer Representative

Printed Name of Union Central Agent

Signature of Employer Representative

Signature of Union Central Agent

Date

Date

Note to Agent: This form must be attached to each application in order for the discount to be applied.