

Certification for Eligibility of Employer Group Discount

PRIMARY APPLICANT

I, _____ (applicant name) certify that I am eligible to participate in the Employer Group Discount Program offering discounted rates on National Guardian Life Insurance Company (NGL) long term care insurance to employees of _____ (employer name).

Employees and eligible family members may participate in this program. Eligible family members include the employee's children, parents, grandparents, and siblings as well as the children, parents, grandparents, and siblings of the employee's spouse. I further certify that I am:

- an employee of the company.
- a retiree of the company.
- the spouse of an employee.
- an eligible family member of the employee.
- applying as a joint applicant with an individual who is an employee, or an eligible family member of an employee.

JOINT APPLICANT (must be completed when applying for a joint policy)

I, _____ (applicant name) certify that I am eligible to participate in the Employer Group Discount Program offering discounted rates on National Guardian Life Insurance Company (NGL) long term care insurance to employees of _____ (employer name).

Employees and eligible family members may participate in this program. Eligible family members include the employee's children, parents, grandparents, and siblings as well as the children, parents, grandparents, and siblings of the employee's spouse. I further certify that I am:

- an employee of the company.
- a retiree of the company.
- the spouse of an employee.
- an eligible family member of the employee.
- applying as a joint applicant with an individual who is an employee, or an eligible family member of an employee.

Signed

Primary Applicant

Date

Joint Applicant

Date

