

# Aetna Life Insurance Company

## Application for Stop Loss Insurance

Application is hereby made to Aetna Life Insurance Company, of Hartford, Connecticut (herein called Aetna) for a Policy of Stop Loss Insurance; to be issued to the undersigned applicant.

### Applicant Information

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Insured Name (Full Legal Name of Employer Group):

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Address:

The Policy forms applied for are designated by Aetna as Form Numbers GR-96834 and GR-96834-Rider-AFA.

Said Policy and Rider have been approved, and their terms are accepted by the applicant.

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Location Signed (City, State):

Date:

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**Signature of Applicant's Authorized Representative:**

Official Title of Applicant's Authorized Representative:

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Agent(s) of Record Name:

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(If countersignature laws require commission sharing with a duly Licensed Resident Agent in another jurisdiction, the above designation will be modified to the extent required by law.)

Your premium purchases insurance coverage from Aetna, as well as the services of any Aetna-appointed licensed independent agent or broker herein identified. Aetna has various programs for compensating producers (agents, brokers and consultants). If you would like information regarding compensation programs for which your producer is eligible; payment (if any); which Aetna has made to your producer; or other material relationships your producer may have with Aetna; you may contact your producer or Aetna. Information regarding Aetna's programs for compensating producers is also available at [www.aetna.com](http://www.aetna.com). We value your business and the chance to serve you.