

**Employee Consent to Be Insured**

**Employer:** \_\_\_\_\_

**Proposed Insured:** \_\_\_\_\_

Please Print Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Proposed insured (“I” or “my”) hereby consents to be insured under one or more life insurance policies (individually and collectively, the “Policy”) to be directly obtained by and issued to Employer through an Employer insurance application to \_\_\_\_\_ (the “Company”). I understand that Employer may purchase the Policy directly, through a trust (“Trust”), or through an incorporated or unincorporated plan (“Plan”). I consent to any future internal replacement of a Policy with another Company policy, so long as the authorized face amount/premium is not exceeded. I am a current employee or director of Employer.

I acknowledge, understand and agree that:

- Employer, Trust or Plan has an insurable interest in my life;
- Employer, Trust or Plan will apply for, own and control the Policy in every respect, including designating itself as beneficiary for any Policy proceeds payable upon my death;
- Policy coverage may continue after my employment, or my status as Director, has terminated with respect to the Employer; and
- The face amount and premium of Policy insurance initially purchased on my life may be up to a maximum of \$ \_\_\_\_\_ (Please enter amount).

I have read and understand this Employee Consent to Be Insured form, agree that the information contained herein is accurate and complete, and willingly choose to consent as indicated above.

**Proposed Insured**

\_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Employer is aware that employer-owned life insurance contracts, including the Policy, may be subject to unique application and reporting requirements on Employer’s part to ensure favorable tax treatment of the Policy. Employer acknowledges that (a) Company does not provide legal and tax advice, (b) Company does not warrant this form for fulfillment of any specific legal requirement, (c) Employer is solely responsible to investigate and comply with all applicable record-keeping and other requirements under the Pension Protection Act of 2006 or any other tax law, and (d) Company’s Employee Consent to Be Insured form is offered as a courtesy and Employer may use its own form in connection with obtaining a Policy. This form is not intended to substitute for independent legal advice.

**Employer/Trust/Plan**

\_\_\_\_\_  
Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_