GROUP INSURANCE APPLICATION (UT)

ReliaStar Life Insurance Company

Home Office: Minneapolis, MN
Administrative Office: PO Box 122, Minneapolis, MN 55440-0122

PLAN INFORMATION

Type(s) of Insurance Requested: ☑ Accident ☑ Critical Illness ☑ Hospital Confinement Indemnity

Proposed Effective Date 01/01/2026

GROUP INFORMATION

Group Applicant Legal Name Weber County Corporation

Group Applicant Address 2380 Washington Blvd, Ste 340 City Ogden State UT ZIP 84401

Business Name *(dba)* N/A

REPLACEMENT

Is any insurance elected intended to replace any other accident and health insurance presently in force? . . . . . ☑ Yes ☐ No

ACKNOWLEDGMENTS AND SIGNATURE

The Policy provides limited benefits. Review the Policy carefully.

All statements and descriptions in the application are deemed to be representations and not warranties.

For Critical Illness Insurance: No person to be covered is also covered by any Title XIX program, designated as Medicaid or any similar name.

If the Policy has a pre-existing condition exclusion, then coverage for pre-existing conditions, as defined in the Certificate or riders, will be limited for the time period as stated in those forms. The Certificate will also explain how credit for previous coverage applies to eligible insured persons.

Printed / Typed Name of Person Authorized to Contract on Behalf of Group Applicant _____

Authorized Signature _____ Date _____

Title Benefits and Compensation Administrator

Agent / Producer Names *(Please print.)* GBS Benefits, Inc.