



Applicant Name (First, Middle, Last)			Birthdate / /	Sex M <input type="checkbox"/> F <input type="checkbox"/>
Address			Mo. Day Yr.	
City	State	ZIP Code	Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single	
Work Phone () ()	Home Phone () ()		Plan Selected: <input type="checkbox"/> Plan 1 <input type="checkbox"/> Plan 3 <input type="checkbox"/> Plan 2	
Social Security Number - -			For Company Use Only	
I apply for coverage on <input type="checkbox"/> Myself only			Effective Date	
<input type="checkbox"/> Myself and eligible dependent(s)			Plan Code	

List spouse (on line 1) and all your eligible dependents below, if also applying for insurance. (Last Name, First, Middle Initial)	Sex M or F	Birthdate Mo./Day/Yr.	(Last Name, First, Middle Initial)	Sex M or F	Birthdate Mo./Day/Yr.
1.			5.		
2.			6.		
3.			7.		
4.			8.		

If applying for dependent children coverage, are all children age 19-23 full-time students?
 Yes No If no, please list non full-time students _____

By my signature below, I hereby apply for coverage under World Insurance Company Master Policy AM3200.

Applicant's Signature _____ Date _____

GC3200 (7-00)

BILLING METHOD (include check for first modal premium with application, plus one-time \$10 application fee with application):

- Direct quarterly or semi-annual bill (add monthly \$3 administrative fee for direct bill option)
- Monthly automatic check or savings account withdrawal (please complete attached authorization-request form)

Monthly credit card (add monthly \$3 administrative fee and complete attached credit card payment form)

Make check payable to and mail application to:
 World Insurance Company
 c/o Corporate Benefit Services of America, Inc. (CBSA)
 P.O. Box 27810
 Minneapolis, MN 55427-0810

For World Agent Use:

Agent Name: James Stafford Insurance Agency World Agent # TXY66
 Address 3621B Broadway Blvd. Phone (972) 271-5522
 E-Mail jstafford@farmersagent.com Fax (972) 840-9804

Appointed With World: Yes No

Authorization to Charge Credit Card

Available only for monthly modes. Not available in all states.

Credit Card Authorization: I authorize World Insurance Company to bill my VISA/MASTERCARD account for initial premium and application fee.

VISA **MasterCard** Account Number _____

Exp. _____
Date _____ Phone Number _____

X _____ Date _____
Signature _____

Authorization to Honor Checks Drawn by World Insurance Company

If you select the Check-O-Matic option, please complete the following:

I (we) hereby authorize World Insurance Company (World) to initiate debit entries to the account and depository (Depository) indicated below, to debit the same to such account. This authority is to remain in full force and effect until World and Depository have received written notification from me (or either of us) of its termination in such time and in such manner to afford World and Depository a reasonable opportunity to act on it.

I understand that the withdrawal will be made within 5 days of the effective date of my policy/certificate.

Signature of Payor _____ Date Signed _____

To begin Check-O-Matic withdrawals:

Select a desired withdrawal date: (5th or 20th of month only) _____

Bank Name _____

Address _____

City _____ State _____

To add this policy/certificate to an existing Check-O-Matic:

Existing COM Number _____

Policy/Certificate Number _____

Routing & Transit No. (9 digits) _____

Account No. _____

Next Check No. _____

You must either submit a voided check, or complete the routing and account information. Do not send a deposit slip. Please print clearly.

TO: *The Bank named above*

As consideration to you to handle drafts drawn by World Insurance Company on customers of your bank for payment of premiums on insurance certificates, World Insurance Company agrees:

- (1) To indemnify and hold you harmless from any loss you may suffer as a consequence of your actions resulting from or in connection with the execution and issuance of any check, draft or order, whether or not genuine, purporting to be executed and received by you in the regular course of business for the purpose of payment, including any costs or expenses reasonably incurred in connection therewith.
- (2) In the event that any such check, draft or order shall be dishonored whether with or without cause, and whether intentionally or inadvertently, to indemnify you for any loss even though dishonor results in a forfeiture of the insurance.
- (3) To defend at our own cost and expense any action which might be brought by any depositor or any other persons because of your actions taken pursuant to the foregoing requests, or in any manner arising by reason of your participation in the foregoing plan of premium collection.