

Massachusetts Mutual Life Insurance Company (MassMutual) 1295 State Street, Springfield, Massachusetts 01111-0001

Group Information

Group Policyholder Name Fremont County	Taxpayer Identification Number 84-6000765
PO Box or Street, Apt. or Suite # 615 Macon Ave., Ste 106	City Canon City
State or Country CO	ZIP/Postal Code 81212

Eligibility and Benefit Selection

1. Describe class or classes of eligible employees/members:

All Full Time Employees

Your Employees must be at least age 18 and under age 76 and actively at work at their usual and customary location, maintaining their normal work schedule, performing all the duties of their occupation without limitation due to injury or sickness.

2. Number of eligible employees/members: 338

3. Proposed effective date (mm/dd/yyyy): 1/1/2025

4. List any Divisions, Subsidiaries and Affiliates whose employees are to be part of the eligible group:

Group Whole Life

Yes No

Benefit option(s) (Select all that apply):

Waiver of Premium Rider Accidental Death Benefit Rider

Dependent Group Whole Life Insurance

Spouse and Dependent Child Eligibility and Benefit option(s) (Select one):

Spouse and Children's Term Life Insurance Rider(s)

Employees must be at least age 18 and under age 61 on the coverage effective date to be eligible for Spouse and Children's Term Life Insurance Rider(s). Spouses must be at least age 18 and under age 65 on the coverage effective date. Children must be at least 14 days and under age 26 on the coverage effective date.

Dependent Group Whole Life Insurance Certificates

Spouses must be at least age 18 and under age 61 on the coverage effective date and not currently applying for or collecting any disability benefits. Dependent Children and Dependent Grandchildren must be at least 14 days and under age 26 on the coverage effective date and not currently applying for or collecting any disability benefits.

Agreement and Signatures

I understand that this insurance is subject to the approval of Massachusetts Mutual Life Insurance Company (MassMutual), and that nothing contained herein shall be binding against MassMutual until this insurance is approved and accepted by MassMutual. I hereby represent that all information herein, relative to the application and agreement, is true and complete and that I have read and understand the form.

I understand that MassMutual will rely on these statements and this information in approving this application and in determining if the enrolling employees may become insured.

I agree to waive any right of sovereign immunity and any right to seek tribal remedy in any tribal court regarding any suit arising out of or pertaining to any Group Policy and/or Group Certificate and consent to the exercise of jurisdiction over such suit by any federal or state court that would have jurisdiction over the subject matter of the suit.

Upon MassMutual's approval, insurance will become effective on the date specified by MassMutual.

AL Applicants: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

AR, DC, LA, RI, WV Applicants: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

CA Applicants: Caution: If your answers on this application are misstated or untrue, Massachusetts Mutual Life Insurance Company may have the right to deny benefits or rescind your coverage.

CO Applicants: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

CT Applicants: To the best of my knowledge and belief, all answers and statements are full, complete and true and were correctly recorded before I signed my name below. ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.

FL Applicants: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

KY Applicants: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

ME Applicants: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

MD Applicants: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

MA Applicants: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND MAY BE SUBJECT TO PENALTIES UNDER STATE LAW.

MN Applicants: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NH Applicants: Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638.20.

NJ Applicants: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NY Applicants: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

OH Applicants: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

OK Applicants: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

PA Applicants: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

TN, VA, WA Applicants: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines or a denial of insurance benefits.

Applicants of All Other States: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.

Signature of Authorized Representative:  Date: 9-18-24

Printed Name: Dwayne McFall Title: Commissioner

Producer Signature:  Date: 9/17/2024

Printed Name: Bradley J Gauthreaux Date: 9/17/2024

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