

Group Insurance Plan Subscription Form

To request your firm's participation in the Group Insurance Plan:

Simply complete this Subscription Form and mail it in the enclosed postage paid envelope or fax it to 1-800-AICPAIT. Your request to begin your firm's participation in the Group Insurance Plan (the "Plan") will be promptly acknowledged, and enrollment forms will be provided for your firm's use. If you have any questions, please call the Plan Agent at 1-800-223-7473.

Name and Address of Firm:

www.cpai.com/group

Participation Requested

Schedule Election:

Please check one to indicate the Schedule requested:

- \$500,000 Schedule* \$200,000 Schedule
 \$400,000 Schedule* \$100,000 Schedule
 \$300,000 Schedule* \$ 50,000 Schedule

Please note—to be eligible for coverage, the firm must have at least one eligible employee, other than a proprietor, partner or firm member, who will be insured according to the Plan on the date firm participation begins. The firm must offer coverage to all eligible employees.

*Not available with 1 time annual earnings coverage basis.

- Coverage Basis:** 3 times annual earnings
 2 times annual earnings
 1 time annual earnings**

**The 1 time annual earnings basis is only available for \$50,000, \$100,000 and \$200,000 schedules.

- Waiting Period:** Immediate 6 Months

- Dependent Group Life Insurance:** Yes, Add No, Don't Add

The cost of this additional benefit will be reflected by reductions in any future refunds. (If neither box is checked, Dependent Group Life Insurance will not be added.)

As of the effective date of coverage, the undersigned (hereinafter called the "Subscriber") as a firm becoming a Subscriber, hereby subscribes to, and agrees to be bound by the terms of, (i) the American Institute of Certified Public Accountants Group Insurance Trust (the "Trust") – which trust is maintained pursuant to an agreement (the "Agreement") between the American Institute of Certified Public Accountants (hereinafter called the "Institute") and the financial institute then serving as trustee thereunder (the "Trustee") and (ii) the Plan document. (The current Trustee is The Bank of New York Mellon.) Participation is requested in the plan of insurance (the "Plan") as indicated. Insurance is to become effective according to the Plan, and the date is to be confirmed by the Plan Agent, acting for the Trustee, as soon as possible. The conditions appearing below are hereby agreed to by the Subscriber.

Estimated number of Employees (including proprietor and partners): _____ Estimated number of Proprietor or Partners: _____

Is the proprietor, or at least one partner or firm member (includes shareholders), a member of the AICPA? Yes No

Name of Partner: _____ Date of Birth: _____ E-mail Address: _____
First Last MI

Signature of Proprietor, Partner or Firm Member: X _____ Date: _____

Subscriber's Taxpayer Identification No.: _____ Daytime Telephone No.: () _____
(Needed for payment of any future refunds) (Area Code & No.)

Firm Contact Name: _____ Date of Birth: _____ Firm Contact E-mail Address: _____

Group Insurance Plan Underwriting Guidelines

Firms with: _____ **Form to be submitted for each eligible life:**

- Less than 25 eligible lives (including proprietor/partners) Group Insurance Plan Medical Statement
- 25 or more eligible lives (including proprietor/partners)..... Request for Group Insurance Plan Coverage

Conditions applicable to this Subscription—It is understood that the Agreement, among other things, provides that: (1) Subscribers shall make contributions to the Trustee in such amounts as may be required for the purpose of providing and maintaining insurance in accordance with the plans of insurance under the Trust and for the purpose of administration; (2) Subscribers shall furnish to the Trustee any information required in connection with the administration of the Trust and the plans of insurance thereunder; and (3) the plans may be modified from time to time in any respect as may be directed by the Board of Directors of the Institute. It is further understood that: (1) if the Plan Agent, acting for the Trustee, shall determine that the Subscriber is eligible to participate, the Plan Agent shall promptly confirm the effective date; (2) the insurance of an eligible individual shall, as to its effective date and in every other respect, be governed by the provisions of the contracts held and administered by the Trustee pursuant to the Plan (as well as by the terms of the Plan document); (3) if the Subscriber is determined not to be eligible to participate, this Subscription Form shall be considered null and void and the Trustee shall refund the remitting Subscriber any payment enclosed herewith; and (4) insurance is to become effective only upon acceptance by the underwriting company, and the Plan Agent, acting for the Trustee, will inform the Subscriber requesting insurance regarding the effective date of coverage.