



for what happens next®
Division of The Paul Revere
Life Insurance Company

For Homeoffice Use Only:
BCN: CAN:

Producer Contact: 1-800-43voice, ext. 2400
Fax Forms to 1-800-543-8573

Account Information

Account name:

Address:

City: State: Zip

Phone: Fax: County

If this account is associated with another Paul Revere or one of its affiliates' accounts, please provide the name and BCN of the account or master group number:

Number of benefit-eligible employees: Federal Tax ID:

Exact nature of business:

Contact person for billing and service:

First Name Middle Init Last Name Title

E-mail address:

Will a third party administer, reconcile and/or remit the premium deductions? Yes No

If yes, is the third party a: Payroll Company Professional Employer Organization Other

Please indicate name, address, phone number and contact person

\*A Premium Services and Administration Agreement may be needed.

Will any deductions be made pretax? Yes No If yes, include Flex Plan Supplemental Form.

Will the employer be contributing any premium toward the Paul Revere benefits? Yes No

IMPORTANT COMPENSATION DISCLOSURE INFORMATION

Paul Revere is committed to helping working Americans and their families minimize personal financial risk with a comprehensive offering of voluntary benefits through the workplace. Paul Revere compensates producers to facilitate the sale and delivery of these valuable benefits. This compensation might include commissions as well as various incentives and awards.

We support the full disclosure of compensation programs for our products, and your insurance advisor can provide you with complete information about these programs. You may also learn additional information about our compensation programs by contacting our Plan Administrator Service Center at 1-800-256-7004.

Is employer/account paying a fee to an insurance advisor for this placement of Paul Revere insurance? Yes No

If yes, list advisor(s) names

A completed Compensation Consent and Disclosure Form 97497 is required for each insurance advisor receiving a fee.

If fee is paid in the future, it is the employer's responsibility to notify Paul Revere of the change.

The employer account (and/or its assigns) agrees to forward promptly all insurance premiums payroll deducted from its employees to Paul Revere Life Insurance Company (hereafter Paul Revere) for payment of employee insurance coverage and to notify Paul Revere promptly of the names of any employees to cease deductions because of termination from employment or otherwise. If the employer fails to notify Paul Revere that an individual's employment has terminated, that an individual has otherwise ceased deductions or where there is some other misunderstanding between the employer and employee concerning the payroll deductions, Paul Revere agrees to reimburse the employer up to one (1) month's premium in the event of loss by the employer. Refund of premiums on flexible benefit plan accounts will be made payable to the employer. The issuance of any coverage paid for by payroll deduction pursuant to this agreement does not relieve the employer of the requirements of Workers' Compensation Laws of their state.

Signed at: this day of City and State

Print Name and Title of Owner/Decision Maker

Signature of Owner/Decision Maker

Submitted by Producer # Producer Telephone Number