



**EVEREST REINSURANCE COMPANY**  
 (A Stock Company)  
 477 Martinsville Road  
 P.O. Box 830  
 Liberty Corner, NJ 07938-0830  
 (800) 438-4375

# Participating Organization Application

The undersigned Participating Organization is hereby applying to Everest Reinsurance Company (herein called the Company) to participate in the Everest Reinsurance Accident and Health Insurance Trust. Such participation entitles the Participating Organization to apply for coverage in accordance with the Schedule of Insurance under the Blanket Disability Insurance Policy identified below.

**Policy:** Blanket Disability Insurance Policy issued to the Everest Reinsurance Accident and Health Insurance Trust

**Date:** \_\_\_\_\_

**Participating Organization Name:** \_\_\_\_\_

**Participating Organization Address:** \_\_\_\_\_

Insureds employed by the Participating Organization who qualify are eligible to be insured under the Blanket Disability Insurance Policy provided to the Participating Organization.

Participating Organization hereby agrees that execution of this Application constitutes participation in the Everest Reinsurance Accident and Health Insurance Trust. The Participating Organization understands that participation in the Trust is a requirement for the coverage being applied for. The Participating Organization approves and accepts the terms of the Blanket Disability Insurance Policy.

**FRAUD WARNING: 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.**

**SIGNED FOR THE PARTICIPATING ORGANIZATION:**

Signed at: \_\_\_\_\_ Date: \_\_\_\_\_

By: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_