Madison National Life
a Horace Mann company

GROUP MASTER APPLICATION

Madison National Life Insurance Company, Inc. P.O. Box 5008, Madison, WI 53705 P 800.356.9601 F 972.532.2180

Producer Use

Application Type
☒ New Coverage ○ Reinstatement: Policy #_____ ○ Change Plans: Policy #_____ ○ Other_____

Agent #	License ID #	Application State	Application Date

Policyholder Information

Proposed Policyholder (Full Corporate/Legal Name)			Website
Kenyon-Wanamingo Schools - ISD 2172			kw.k12.mn.us
Main Address			Situs State
400 Sixth Street			MN
City	State	Zip Code	Years Org. Has Existed
Kenyon	MN	55946	34
Nature of Group	Total # Employees/Members	Tax ID #	SIC Code
Public School	97	41-1780357	
Contact Name		Contact Title	
Pat Heiderscheit		Superintendent	
Contact Email	Contact Phone	Contact Fax	
pheiderscheit@kw.k12.mn.us	507-789-7000	507-789-7032	

General Questions

1. **Initial Enrollment:** Start Date 1/1/2026 End Date_____

2. **Eligibility:**

a. Employer Groups – Eligible employees are defined as indicated below:

	Class 1	Class 2	Class 3	Class 4
Minimum number of hours worked per week				
Minimum number of days employed				

b. Member Groups: Eligible members are defined as members who are in good standing in accordance with your by-laws.

c. Total Number of Eligible Employees/Members:_____

3. **Dependent Coverage:** Is dependent coverage being offered? ○ Yes ○ No

4. **Section 125 Plan:** Is coverage being offered through a 125 Plan? ○ Yes ○ No

If "yes", which products? _____

Plan Start Date: _____ Plan Anniversary Date:_____

5. **Does this insurance replace existing insurance with any company?** If 'yes", provide details below: ○ Yes ○ No

Product	Company Name	Group/Policy Number	Termination Date (MM/DD/YYYY)

6. **ERISA Plan:** Is this an ERISA Plan? If "yes", indicate product(s): _____ ○ Yes ○ No

Insurance Selections

☒ **PFML Product**	**Requested Effective Date:** 1/1/2026	**% Premium Paid by:** Policyholder: 50 Insured: 50
Eligibility Waiting Period: ○ 0 Days ○ 10 Days ○ 30 Days	**Benefit Waiting Period:** ○ 0 Days ○ 10 Days ○ 30 Days	
Coverage and Rider Selections:		
○ **Product**	**Requested Effective Date:**	**% Premium Paid by:** Policyholder:__________Insured:_________
Eligibility Waiting Period:	**Benefit Waiting Period:**	
Coverage and Rider Selections:		
○ **Product**	**Requested Effective Date:**	**% Premium Paid by:** Policyholder:__________Insured:_________
Eligibility Waiting Period:	**Benefit Waiting Period:**	
Coverage and Rider Selections:		
○ **Product**	**Requested Effective Date:**	**% Premium Paid by:** Policyholder:__________Insured:_________
Eligibility Waiting Period:	**Benefit Waiting Period:**	
Coverage and Rider Selections:		

Terms of Agreement

I hereby authorize Madison National Life Insurance Company, Inc. ("MNL"), or our authorized agent or our enrollers (collectively referred to as we, us, or our) to offer each of your eligible employees/members to purchase insurance coverage as described in this form. This authorization is based upon the following agreements:

1. The requested group insurance will:
   a. Be issued only if the requested insurance is accepted by MNL and is legally permissible;
   b. Be issued under a Group Policy or Policies in the language customarily used by MNL;
   c. Be subject to MNL's underwriting requirements;
   d. Not be effective until the application is approved by MNL; and
   e. Take effect on the date determined by MNL.
2. We customarily conduct an annual enrollment program for your eligible employees/members. You will provide us with census data if needed for us to determine proper enrollment eligibility.
3. Unless otherwise agreed upon by you and us, you will provide us direct access to your employees/members to obtain applications through group meetings and individual interviews in a suitable location on your property during normal business hours, or through other means mutually agreed upon between you and us. Participation in the group must meet our minimum participation requirements. We reserve the right to withdraw from the enrollment and cancel any applications already obtained if these conditions are not satisfied.
4. Unless otherwise agreed upon by you and us, you will collect premiums from your participating employees/members. You will forward the premiums to MNL within 15 days after you receive the monthly bill. You will maintain records of all premiums collected from your employees/members while this agreement remains in force and for two years after it terminates. During this period, you will make these records available for inspection and audit by us during normal business hours. If premium contributions collected by you, your employees, or your vendors are misappropriated, you will reimburse MNL for our entire loss, including attorney fees and expenses incurred in collection to the extent permitted by the laws of your state.

Fraud Warning

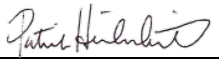
Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Authorization

I have read or had read to me the completed application, including the Fraud Warning for my state. I represent that the statements and answers are true, correct, and complete to the best of my knowledge and belief. I understand that no producer, agent, or broker can make or modify a contract for MNL and all coverage will be as stated in MNL Policies.

Signed in: Kenyon, MN
City and State

Date: 10/2/2025

Signature: 
Authorized Representative

Name and Title: Pat Heiderscheit, Superintendent
Authorized Representative

Licensed Producer Name

Licensed Producer Signature