GROUP ACCIDENT PROTECTION PLAN(GAPP)

| COMPANY NAME: | | | | | |
|---|-------------------|--------------------|-------------------|-----------------------|---|
| PREPARED BY: | | | | | |
| | <u>CONTRA</u> | ACT LAB | BOR CE | <u>NSUS</u> | |
| INSURED'S NAME | SOCIAL SECURITY # | JOB TITLE | DATE OF HIRE | TERMINATION DATE | MONTHLY WAGES (NOT TO EXCEED \$5,000) |
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| I, | agree that a | ll the above insur | ed's wages are si | ubject to 1099 report | ing. |
| (signature of owner) | | | | | RETURN TO: NABCO |
| Please complete this form when any new additions or terminations occur with your account. | | | | | Attn: GAPP P.O. Box 3056 outheastern, PA 19398-3056 |

GAPP Form - 19 01/04