



New Era Life Insurance Company

Employer Certification

P.O. Box 4884, Houston, TX 77210-4884 ♦ 1-800-552-7879

Print Employer Name

PLEASE READ CAREFULLY BEFORE SIGNING

My signature below will certify that the employer named above is not paying any portion of the insurance premiums for

Print Name of Applicant/Employee

I certify that 100% of the amount paid for the insurance premiums will be deducted from the employee's paycheck and that they will not be compensated through a salary adjustment for the premiums paid.

I understand that New Era Life Insurance Company cannot accept any application if the applicant's employer pays any portion of the premium.

(Signature of Owner or Officer)

Date: _____

(Print Name & Title)