

sold case checklist

master application

For all 2-9 products

- Complete the 2-9 Group Trust Participation Application and Agreement Form [GTP-PA-MA (12-07)]

For 10+ products (except LTD)

- Complete the 10+ Group Basic and Voluntary Group Insurance Application [GV-MAPP (7-04)]

For 10+ LTD

- Complete the 10+ Group Long Term Disability Application [HLTD-MAPP (4-04)]

- Eligibility
- Effective date agreed to by carrier
- Rate guarantee ____ years. (By Lines of Business)
- Signed by plan sponsor (prior to effective date)
- Confirm Contributory plan or non-contributory plan

census enrollment forms

- Name
- Date of birth
- Gender
- Social Security Number
- Employer name and location
- Date of hire
- Signature and date
- Beneficiary
- Base earnings (STD, LTD, or group term life benefit on salary)
- Job title (STD, LTD, or group term life job class)
- Insurance Class
- Hours worked per week

Note: If self-administering, group may submit census showing above information. Enrollment Forms must be maintained by group for claim purposes.

evidence of insurability forms (if needed)

- Employee must complete if benefit exceeds guarantee issue limits specified in proposal

not actively at work list (sick leave/disabled)

Attach a list of employees not actively at work due to sickness or disability.

- Name
- Date of birth
- Gender
- Date of sickness or disability began
- Anticipated return to work date
- Face amount of benefits

voluntary information (required)

- W-2 Agreement form (VLTD and VSTD only)
- Applications for all participants

other (if available)

- Include copy of current carrier booklet
- Include copy of most recent bill (if replacing prior coverage)
- Copy of union contract, if applicable
- Copy of letter canceling current carrier
- Copy of proposal
- W-2 Agreement form (STD and/or LTD, group term life and/or voluntary)