

## proposal checklist for 10+

### basic information (required)

- Names and Locations of Group and Subsidiaries (city, state)
- Percent Employer Contribution (minimum 25% required)
- List any Out-of-State Locations
- Group Experience
  - Group term life 500 lives, LTD 500 lives, STD 200 lives
  - 3 Years paid claims (date and amount of benefit paid)
  - 3 Years paid premiums (by month if available)
  - 3 Years rate history
  - Group term life—open waiver claims
  - LTD—total number of open claims, including date of birth, date of disability, gender, gross monthly benefit including any offsets, and the total number of closed claims

### basic information (preferred)

- SIC Code\* and Description of Business Activity
  - Proposed Effective Date
  - Current Rates and Benefit Booklets
  - Union Members Covered? (bargaining agreement)
- \*SIC Code can be determined with group name, city, and state.

### census information (required)

	LIFE/AD&D	STD	LTD
Date of Birth/Age	✓	✓	✓
Gender	✓	✓	✓
Salary	*	✓**	✓
Class Designation	✓	✓	✓
Job Title			✓

\*Required for salary benefits (e.g., 1, 1.5, 2 times annual salary)

\*\*Required for flat benefits to verify eligibility for benefit

† Additional information may be requested.

Indigo Insurance Services, LLC is a subsidiary of Blue Cross and Blue Shield of Massachusetts, Inc. Indigo sells certain products of USABLE Life, which is owned in part by Blue Cross and Blue Shield of Massachusetts, Inc.  
 © Registered Marks are the property of their respective owners. ™ Trademarks are the property of their respective owners.  
 #81887 37-2155 (5/08)

### group short term disability (STD)

Benefit Begins \_\_\_\_ Day for Accident  
 Benefit Begins \_\_\_\_ Day for Illness  
 Benefit Duration \_\_\_\_ Weeks  
 Percentage of Weekly Earnings \_\_\_\_ %  
 Benefit Maximum Amount \$ \_\_\_\_

### group long term disability (LTD)

Elimination Period \_\_\_\_ Days  
 Percentage of Salary \_\_\_\_ %  
 Benefit Maximum Amount \$ \_\_\_\_  
 Benefit Duration:  
 Social Security Normal Retirement Age  
 5 year  2 year  
 Pre-ex Condition:  12/6/24 or  3/6/12  
 Own Occupation \_\_\_\_  
 2 year  
 3 year  
 5 year  
 to age 65  
 Minimum Monthly Benefit \$ \_\_\_\_

### group term life/AD&D

- Benefits to be Quoted
- Supplemental Life Benefit to be Quoted
- Dep. Life Benefit to be Quoted
- Age Reductions
- Retiree Coverage and Benefits

### voluntary information<sup>†</sup> (required)

- Group Name
- Group Size
- Location

products  
underwritten by



**USABLE** Life