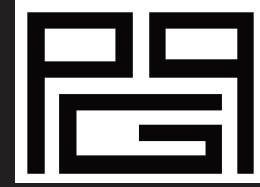


PROFESSIONAL GROUP PLANS
GENERAL AGENT
Specializing in Employee Benefits



Information Required
Cases 50 or More Eligible Employees

General Information

Name of Company: _____

Address (Please Note all Locations): _____

Street: _____ City: _____ State: _____ Zip: _____

Other Locations: _____

Nature of Business: _____

Number of Employees Covered: _____

Underwriting Information:

Medical, Dental, AD&D, Dependent Life, LTD, DBL, and Vision

Copy of most recent bill(s) _____

Copy of Benefit Booklet(s) or Schedule of Benefits _____

Copy of Current Renewal Letter(s) _____

Census Information

Name, Sex, D.O.B., Dependent Status, Enrolled Status, and Home Zip Code
 (Include Annual Salary Information and Occupation or Job Title for LTD
 Benefits and Life Insurance Schedules based on salary)
 ER Contribution %

New Hire Waiting Period

5-year Carrier History

Note:

50+ Lives (DBL)- Requires annual premiums paid vs. annual claims paid for one, preferably two years

100+ Lives (Medical, Dental, Drugs and Vision)- Requires annual premiums paid vs. annual claims paid for one, preferably two years. Include large claim information during experience period (claims over \$10,000). Include diagnosis and prognosis for claims over \$10,000.

100+ Lives (Life, AD&D and LTD)- Requires annual premiums paid vs. annual claims paid for one, preferably two years. Open Claims Listing for LTD.