

## CLIENT INFORMATION

### ACCOUNT IMPLEMENTATION CHECKLIST

Thank you for choosing Reliance Standard/First Reliance as your new carrier. In order to insure timely and accurate implementation of your new policy, please do your best to fully complete the attached forms. We will be happy to assist on anything you are unsure of. Please use the checklist below to ensure that all necessary information is included with your submission:

#### For All Coverages:

1. Master Application ☐  
Is application signed and dated by both policyholder and broker? ☐
2. Final Sold Census or Enrollment Forms ☐
3. Prior Plan Booklet or Contract if Takeover from another carrier ☐
4. Deposit Check for First Monthly Premium ☐
5. For Statutory Disability: NY DBL Coverage – Form DBL-APP-0103 ☐  
TDB Coverage – Form TDB-APP-0801 ☐  
Form DP-1(long form) ☐

Note: DP-1 form must be on 1(double-sided) page of legal sized (8.5”X14”) paper.

#### Please make sure that the following essential information is included where requested:

1. Policyholder Name should be accurately reflected
2. Federal Employer ID # must be provided
3. Contact information including email address
4. If using census rather than enrollment forms, census Information should include:

#### For Life and Disability Coverage:

Employee Name, DOB, Date of Hire, Salary, Occupation, Gender. If multiple classes in contract, please indicate employee class. If supplemental or voluntary coverage is included, please clearly indicate elections. If Dependent Coverage included please reflect dependent elections and **MUST HAVE SPOUSE NAME and DOB**. Also, smoker status should be indicated in tobacco/non-tobacco rates apply. If we are covering retirees with grand-fathered coverage amounts, please include.

**For Dental Coverage:** Employee Name, DOB, Date of Hire, Occupation, Gender, family coverage status and work location. If multiple classes in contract, please indicate employee class.

**Customer Plan Confirmation**

**1. Employer Information**

Full Legal Name of Group (Please include all punctuation, capitalization, etc. as this will be the name reflected on your contracts and certificates):

Years in Business:

Legal Address of Headquarters:

Federal Tax ID # (FEIN):

Website Address:

**2. Contact Information:**

**Executive** Contact Name: Title: Phone#:

E-mail:

Location: Main ☐ Other:

**Routine** Contact Name: Title:

Phone: Fax: E-mail:

Location: Main ☐ Other:

**3. Billing Contact Information**

**Bill Group 1:** Bill Group Name (Optional):

Contact: Same as Routine Contact Above ☐ Other:

**Bill Group 2:** Bill Group Name (Optional):

Contact: Same as Routine Contact Above ☐ Other:

**Bill Group 3:** Bill Group Name (Optional):

Contact:        Same as Routine Contact Above        Other:

Attach additional sheet if needed for more bill groups.

#### 4. Type of Billing

- ☐ On –line List Bill - Employer accesses eligibility on-line, real-time, premium is calculated automatically). (Note – List bill is generally not recommended for larger customers)
- ☐ On-line Self-Administered (Employer is responsible for maintaining eligibility and calculating premium)
- ☐ Paper List Bill – (Note: List bill is generally not recommended for larger customers)
- ☐ Paper Self- Administered
- ☐ TPA Billing        TPA Name/Address:

#### 5. Premium Payment Options

- ☐ Check        ☐ Wire Transfer/ACH Credit (You transfer funds to Reliance Standard's Bank Account)
- ☐ ACH Debit (only available for on-line billing—you authorize Reliance to deduct funds electronically from your account).

#### 6. Eligibility and Benefit Information

Class	Definition	# of Hours worked weekly to be considered eligible
1		
2		
3		
4		
5		

Are Classes same for all coverages?: Yes ☐        No ☐ (If no, attach separate sheet)

#### 7. Coverage Effective Dates and Termination Dates

Service Waiting Period: ☐None ☐30 Days ☐60 Days ☐90 Days

☐1<sup>st</sup> of the month coincident with or next following

☐Other

**Note: For employees employed as of the date of transfer from prior carrier, time employed while under prior carrier's contract will be applied toward satisfaction of the waiting period.**

Termination Date: ☐Immediately upon termination of employment

☐Last day of mo.coincident w/next following term of employment

☐Other

Reinstatement Date: Must employee returning from an approved leave of absence/layoff re-satisfy waiting period? ☐No if returning with 6 months (standard) ☐Yes

Benefit Changes Effective: ☐Immediately upon date of change

☐1st day of mo. coincident w/next following date of change

☐Other: Annually

#### 8. Definition of Earnings (required for Life and Disability Coverages)

a. ☐ **Standard:** Earnings include base salary only (excludes commissions, overtime, bonuses or any other special compensation.

b. ☐ **Standard/Hourly:** NOTE: If hourly employees are covered, hourly definition will be included.

c. ☐ **Other:** Basic Earnings includes base salary plus

☐Bonuses ☐Commissions ☐Overtime ☐Incentive Pay

Averaged over: ☐3 years(standard) ☐2 years ☐1 Year

Averaging applies to: ☐All Employees ☐Salespeople

☐Commissioned EEs ☐Officers Other:

**NOTE: PLEASE SUBMIT BONUS FORMULA QUESTIONNAIRE** for any definition that includes bonuses

d. ☐ **W2 Earnings**

Use prior calendar year only or average over: ☐3 years (standard) ☐2 years

Averaging applies to: ☐All Employees ☐Salespeople

☐Commissioned EEs ☐Officers Other:

If choosing either a, b or c definitions, indicate if you would like earnings to be calculated prior to any deductions for : ☐ 401(k) ☐ 403(b) ☐ Section 125 plan(s)

☐ Yes, use earnings prior to these deductions

☐ No, use earnings after deductions

e. ☐ Use K1 Earnings for Partners

☐ a) Prior Year

☐ b) Averaged over: ☐ 3 Yrs ☐ 2 Yrs

f. ☐ Include S Corp Wording (circle choice): ☐ a) Prior Year

☐ b) Averaged over ☐ 3 Yrs ☐ 2 Yrs

**9. Disability Claim Information** – Cumulative Monthly Case Summaries are automatically distributed for all STD and LTD claims.

Check Issuance:

☐ Claimant, copy policyholder

☐ Claimant only

W-2's (including Employer FICA match) are automatically produced at no additional charge for LTD. For STD (including DBL, TDB & TDI), W-2 preparation/FICA match is an option (at additional cost)

Who will prepare STD W-2's and make employer FICA match: Reliance ☐ Employer ☐

Claims Reports are mailed to the routine correspondent. Please advise if other.

## 10. Contributions

For coverage that is fully employee contributory, indicate payroll deduction frequency:

Weekly ☐  
Bi-Weekly ☐  
Semi-monthly ☐  
Monthly ☐

Payroll Cycle Dates: Start date of first payroll

End date of first payroll

Brochure rates will match this payroll mode unless otherwise noted. All bills will reflect monthly rates. Please note all payroll deductions should start immediately for all requested amounts.

Starting Age Band:

☐ < Age 20

☐ < Age 30

For Voluntary Life: Rate Type:

☐ Tobacco Use/Non-Tobacco

☐ Undifferentiated

**11. Booklet and ERISA SPD plan information** – Note our standard method of delivery is Electronic provided in ADOBE PDF. Please check below if paper booklets are preferred.

☐ 5 ½ X 8 ½ Booklets 8 ½ X 11 Flat Certs (no cover) – only available for voluntary lines

Same booklet for entire group (combine multiple classes into one booklet) ☐

Separate booklets by

☐ Class

☐ Coverage

☐ Affiliate

Include Company Logo (attach .tif format-300 dpi) ☐

Mail Booklets to: ☐ Policyholder's Routine Correspondent (standard) ☐ Broker  
Other:

ERISA/SPD INFO: Include ERISA SPD in Booklet? ☐ No ☐ Yes- If yes, provide:

ERISA Plan #(s): Life STD LTD Other

Period for 5500 filing: Policy Anniversary ☐ Calendar Year ☐ Other

ERISA Plan Administrator: ☐ Employer ☐ Union Maintaining Plan ☐ Other (provide below):

Plan Administrator's Name and Address:

<b>12. Form Completed/Reviewed by:</b>
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Print Name: Title: ☐ Employer ☐ Broker

Signature: \_\_\_\_\_

Is other group coverage in force with Reliance Standard? ☐ No ☐ Yes – Policy #

COVERAGE	FINAL RATES	Rate Basis	Total Eligible Employees	Total Participating Employees	Employer Contribution %	Employee Contribution %	Employee Contribution	Gross- Up/Imp uted Income
GL - Basic Life		Per \$1,000						
GL - Basic AD&D		Per \$1,000						
GL - Dependent								
GL - Supplemental Life								
GL - Supplemental AD&D		Per \$1,000						
AD&D (VAR) - Employee		Employee						
AD&D (VAR) - Family		Family						
Business Travel (SR)								
STD		Per \$10						
STD Buy-Up		Per \$10						
LTD		Per \$100						
LTD Buy-Up		Per \$100						
Voluntary Group Life (VG)								
Voluntary STD (VPS)								
Voluntary LTD (VPL)		Step Rates						
New York DBL		Male/Female						
New Jersey TDB		Per \$10						
Hawaii TDI		Per \$10						
VCI								
VAI		Employee/Spouse						
ASO STD		Per Employee /Per Month						

\* Starting Age Band for Step Rates:

Payroll Deduction Mode:

### 13. Broker Information

Primary Broker Name: Kinloch Consulting Group      Share %:100

Full Address: 25 Melville Park Rd #260      Phone: [\(516\) 496-0500](tel:5164960500)      Fax:  
Melville, NY 11747      NFP Broker ☐No      ☐Yes

Broker Contact:      e-mail:

If individual broker:      Individual Social Sec #      DOB:

If Corporation:      Corporate Tax ID #:

Broker Name as shown on License:

Currently Appointed with Reliance? ☐No      ☐Yes      If Yes, Agent #140407  
If no, please attach copy of license. Our licensing department will forward appointment forms.

(If applicable):      ☐G.A.      ☐TPA      Tax ID#:

Is agreement already on file with Reliance? ☐Yes      ☐No      GA Contact:

Additional Broker if Applicable:

Additional Broker Name:      Share %:

Full Address:      Phone      Fax

Broker Contact:      e-mail:

If individual broker:      Individual Social Sec #      DOB:

If Corporation:      Corporate Tax ID #:

Broker Name as shown on License:

Currently Appointed with Reliance? ☐No      ☐Yes      If Yes, Agent #

If no, please attach copy of license. Our licensing department will forward appointment forms.

# **BONUS FORMULA QUESTIONNAIRE**

## **For use when bonus is included in the earnings definition**

Group Employer

Your response will provide us with complete information about your bonus program so that underwriting may make an assessment to include bonus payments as covered earnings.

1. Is the bonus based on a predetermined formula? If so, please attach a copy of the formula.
2. Is the bonus based on the company's or an individual's performance? Please describe for us exactly how this bonus is tied to company and/or an individual's performance.
3. How long has the bonus plan been in effect?
4. How many times has the bonus been paid?
5. Does the company expect to continue the bonus plan indefinitely?
6. What is the criteria for eligibility? Who exactly is paid bonus?
7. Are disabled employees eligible for the bonus?
  1. What is the average bonus paid for eligible individuals for the past three (3) years?
8. What percentage of total compensation does the bonus represent?