



VOLUNTARY NEW CASE SUBMISSION CHECKLIST

For: _____
(Group Name)

The following information is required to process new Voluntary (100% Employee paid) Cases:

- Completed Participation Agreement for Voluntary Coverages
- Enrollment Forms*
- Evidence of Insurability Forms (if applicable)**
- Copy of sold quote

For new VOLUNTARY LONG-TERM & SHORT-TERM DISABILITY, the following information is also required:

- Copy of prior plan (if applicable)

For new VOLUNTARY DENTAL and LIFE (if taking over current amounts) cases, the following information is also required:

- Copy of prior bill (if applicable)

* Please contact your Regional Office if you are unsure about what information must be included on enrollment forms.

** Please contact your Regional Office if you are unsure about whether Evidence of Insurability forms will be needed.