



## Sold Case Submission Checklist

**Exact Legal Name (Include DBA if client has one)** \_\_\_\_\_

### Employer Application

- Requested effective date
- Physical address
- Contact Information
- Nature of Business
- SIC code
- Federal Tax ID
- Number of years in Business
- Prior Carrier information (Include all coverages with an effective and termination date)
- Participating Unit information (if one exists for this client)
- Requested Benefits checked
- Illustrated proposal matching the benefits sold
- Waiting Period/Effective Date Provisions
- Employer Contribution to Employee AND Dependent (if Dependent benefits are sold)
- Definition of Compensation (if benefit based on Comp is selected)
- Employee Eligibility
- Total number of employees/Total number of eligible employees
- Describe any classes that are NOT eligible for coverage if that number differ between Total Number of employees and Total Eligible for coverages sold with Principal Financial Group
- Coverage applicable sections filled out completely
- If electing Life or Disability, are all employees actively at work? If so, please ensure this is on page 3 of application by filling in "none"
- COBRA eligibility
- Policyholder signature
- Broker signature

### Employee Enrollments

- Name
- Social security number
- Date of Birth
- Address
- Hire date
- Number of hours worked
- Occupation (if Short or Long Term Disability is sold)
- Location (if more than one office location)
- Salary/salary mode (if coverage based on salary)
- Benefit elections
- Include dependent names and dates of birth if dependent coverage sold
- Employee Signature and date signed



### **Employee Enrollments continued**

- Statements of Health provided for all employees electing benefits over the non-med max and/or under 10 lives for disability coverage
- Obtain at least 90% of all eligible employee enrollment forms before submitting
- If Census Enrollment, include employer Agreement form. Email census to \_\_\_\_\_('name')\_\_\_\_\_(@principal.com)

### **Miscellaneous**

- Binder check
- Prior carrier bill and booklet
- Risk Appraisal Questionnaire (RAQ) for groups under 10 lives electing Life
- Copy of sold proposal(s)
- eService Election form
- EFT form (optional)
- W-2 reporting forms (optional with disability)