

Specializing in Employee Benefits

## Sun Life NY LTD 10-24 Lives New Business Submission Checklist

Group Application
Policy Holder Information Form
Special Risk Questionnaire
W-2 Reporting Service Agreement
Copy of Sold Proposal
Prior Carrier Booklet (if applicable)
First Month's Premium Check Payable to: Sun Life
Forms Must Be Submitted to PGP *prior to the effective date

If you have any questions, please contact your PGP representative.