

## **PROFESSIONAL GROUP PLANS, INC.** Specializing in Employee Benefits

## Sun Life NY LTD 25+ Lives New Business Submission Checklist

\_\_\_ Group Application

- **\_\_\_\_** Policy Holder Information Form
- \_\_\_\_ Final Census OR Enrollment Forms
- \_\_\_\_ 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.