

NEW CASE SUBMISSION CHECKLIST

For:
(Group Name)
The following information is required to process new Employer-paid or Contributory cases:
☐ Completed Application for Group Insurance
☐ Binder Check (estimated premium for 1 st month)
 □ Census* (if non-contributory) OR □ Enrollment Forms*
□ Copy of sold quote
For new LONG-TERM DISABILITY cases, the following information is also required:
□ Copy of prior plan (if applicable)
For new DENTAL cases, the following information is also required:
□ Copy of prior bill (if applicable)

^{*} Please contact your Regional Office if you are unsure about whether to use a census or enrollment forms or if you are unsure about what information to include on a census.