

Proposal/Voluntary New Case Verification Checklist

Regional Office _____ Rep Initials _____

Group Name _____

Group ID _____ Effective Date _____

Coverages VLIF VSTD VLTD VDental

The following items must be acknowledged and verified before case can be submitted:

- Participation Agreement Signed & Completed**
 - Attached
 - Initially Sent to Group Insurance Service Office for Benefit Summary Enrollments
- Participation Agreement matches Quoted Plan and Phase II**
 - Accurate SIC
 - Effective Date (must be 1st of the month)
 - Schedule of Benefits
 - Rates (Quoted vs. Sold)
 - Rate Guarantee
 - Commission – Graded or Flat
 - Guarantee Issue Amount (if applicable)
 - Participation Requirement Met
 - Yes No

- Census/Enrollment Forms Included**
 - Evidence of Insurability Forms included (if applicable)
 - Dates of Hire (blanket statement, if not on enrollment forms)
 - Minimum Hours (blanket statement, if not on enrollment forms)

Enroll members from (Choose one)...

Census Enrollment Forms

Licensing Information Verified

Paperwork sent to Licensing for New Appointments

Contact for Pre-Implementation Call

Policy Holder Broker TPA

Contact Name and phone #: _____

Premium should appear on Bills as (Choose one)...
 Monthly BiWeekly Semi Monthly Weekly

Inforce Coverages

Add Voluntary coverage to current Inforce Billing Location

New Business Coverages – (True coverages submitted with Voluntary)

Add Voluntary coverage to True Coverages Billing Location

Copy of Prior Plan - (Vol STD, Vol LTD, Vol Dental)

Copy of Prior Bill - Vol Dental

Takeover information for Vol Life

Copy of prior bill showing takeover amounts

Takeover approved by Underwriter _____

Copy of Takeover approval e-mail included

Open Enrollment information for Vol Life

Open Enrollment approved by Underwriter _____

Copy of Open Enrollment approval e-mail included

If Effective date outside of Guidelines, approved by _____

Copy of approval e-mail included

Other Exceptions – Approved by Underwriter _____

Copy of Exception approval e-mail included

SPECIAL NOTES REGARDING THIS SOLD CASE

Completed By _____ Date _____

Reviewed/Approved By _____ Date _____