



## **VOLUNTARY NEW CASE SUBMISSION CHECKLIST**

**For:** \_\_\_\_\_  
(Group Name)

### **The following information is required to process new Voluntary (100% Employee paid) Cases:**

- Completed Participation Agreement for Voluntary Coverages
- Enrollment Forms\*
- Evidence of Insurability Forms (if applicable)\*\*
- Copy of sold quote

### **For new VOLUNTARY LONG-TERM & SHORT-TERM DISABILITY, the following information is also required:**

- Copy of prior plan (if applicable)

### **For new VOLUNTARY DENTAL and LIFE (if taking over current amounts) cases, the following information is also required:**

- Copy of prior bill (if applicable)

\* Please contact your Regional Office if you are unsure about what information must be included on enrollment forms.

\*\* Please contact your Regional Office if you are unsure about whether Evidence of Insurability forms will be needed.