

New Sold Case Submission Requirements for

Group Name & Policy Number:

Needed	Form	Received
Attached – To Be Completed		
<input type="checkbox"/>	Application completed and signed by Broker/Policyholder prior to effective date of coverage; also complete/sign any applicable attached forms (Policyholder Contact Information form, Admin section, TBR section, etc.)	<input type="checkbox"/>
<input type="checkbox"/>	W-2 Election Form (for Disability and Voluntary Disability coverages)	<input type="checkbox"/>
<input type="checkbox"/>	Group Life Insurance Transition Statement (GLITS) (for Life)	<input type="checkbox"/>
<input type="checkbox"/>	Updated census information Complete employee listing on Excel template (contact your Sales Office for a customized spreadsheet):	<input type="checkbox"/>
<input type="checkbox"/>	Other:	<input type="checkbox"/>
To Be Provided by Policyholder		
<input type="checkbox"/>	Deposit premium check for \$_____. (one month's premium for all lines of coverage; not required for Voluntary coverages)	<input type="checkbox"/>
<input type="checkbox"/>	Prior carrier's invoice	<input type="checkbox"/>
<input type="checkbox"/>	Prior carrier's booklet or contract (for Life and Disability and all Voluntary coverages; include schedule pages for each line of coverage)	<input type="checkbox"/>
<input type="checkbox"/>	ERISA information (not required for public entities or groups under 100 lives) <ul style="list-style-type: none"> • Employer identification number • Name, address, and telephone number of Plan Administrator(s) • Level of employer contribution • Plan number • End of plan fiscal year 	<input type="checkbox"/>
<input type="checkbox"/>	Employer Plan Document (Summary Plan Description)	<input type="checkbox"/>
<input type="checkbox"/>	TPA Agreement (if applicable)	<input type="checkbox"/>
<input type="checkbox"/>	Other:	<input type="checkbox"/>