



# Policy Profile

YES	NO	PRODUCT	COMMISSION	EFFECTIVE DATE
		BASIC GROUP AD&D	%	
		BASIC GROUP TERM LIFE	%	
		VOLUNTARY AD&D	%	
		VOLUNTARY GROUP TERM LIFE	%	
		GROUP TRAVEL ACCIDENT	%	

INDUSTRY: \_\_\_\_\_ SIC # \_\_\_\_\_

TIN Number: \_\_\_\_\_ ERISA ID: \_\_\_\_\_

LEGAL NAME OF GROUP: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

PHONE: ( ) \_\_\_\_\_ FAX: ( ) \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

Information should initially be sent here:

**Primary Broker**

BROKER/AGENT NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

PHONE: ( ) \_\_\_\_\_ FAX: ( ) \_\_\_\_\_

E-MAIL: \_\_\_\_\_

**Secondary Broker (if applicable)**

BROKER/AGENT NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

PHONE: ( ) \_\_\_\_\_ FAX: ( ) \_\_\_\_\_

E-MAIL: \_\_\_\_\_

See reverse side for Additional Questions

The name of the person we should contact regarding:

Day to Day Contact

_____	
<b>Name</b>	<b>Title</b>
_____	
<b>Address</b>	
_____	
<b>City</b>	<b>State</b> <b>Zip</b>
_____	
<b>Phone No.</b>	<b>Fax No.</b>

Billing Questions (If different from day to day contact)

_____	
<b>Name</b>	<b>Title</b>
_____	
<b>Address</b>	
_____	
<b>City</b>	<b>State</b> <b>Zip</b>
_____	
<b>Phone No.</b>	<b>Fax No.</b>

Claims Questions (If different from day to day contact)

_____	
<b>Name</b>	<b>Title</b>
_____	
<b>Address</b>	
_____	
<b>City</b>	<b>State</b> <b>Zip</b>
_____	
<b>Phone No.</b>	<b>Fax No.</b>

1) When is the initial open enrollment period?  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

2) Total number of benefit-eligible employees?  
 \_\_\_\_\_

a. The employee is eligible if actively-at-work for:  
 \_\_\_\_\_ hours per week;  
 \_\_\_\_\_ consecutive days  
 or waiting period.

**If item 2 differs per plan, please indicate.**

3) What percentage of employee growth (or decline is anticipated over the next 12 months), including normal turnarounds?  
 \_\_\_\_\_ %

5) What type of payroll periods do you administer?  
 Monthly     Tenthly

Weekly     Bi-Weekly

4) Are there multiple divisions?  
 Yes     No

a. If so, will they require separate billing?  
 Yes     No

b. Is the administration handled differently for each division?

If yes to the above, we will contact you for further information.  
 Other \_\_\_\_\_

6) If this is a multiple of salary plan, when are coverage changes implemented?

- During the month in which change occurs
- Anniversary date of the Policy
- First of the following month
- Other \_\_\_\_\_

7) Is this a multiple of salary plan, how are salaries rounded?

- Up to the next higher \$ \_\_\_\_\_
- Down to the next lower \$ \_\_\_\_\_

8) If we are to print enrollment brochures, is a company logo to be incorporated?

- Yes     No

PMS Color # \_\_\_\_\_

Camera ready Logo needed.

9) AGREED UPON RATES:

BASIC LIFE		per \$ 1,000
DEPENDENT LIFE		per unit
BASIC AD&D		per \$ 1,000
SUPPLEMENTAL VOLUNTARY AD&D		Employee
		Employee & Family
GROUP TRAVEL		Annual Premium
		Annual Installment
		3-yr. Pre-paid
SUPPLEMENTAL VOLUNTARY LIFE		Attach separate sheet

**Form Completed By:** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

**Date** \_\_\_\_\_

**PLEASE ENCLOSE A COMPLETE COPY OF ANY IN-FORCE POLICY THAT IS TO BE TAKEN OVER BY THE CARRIER.**