RELIANCE STANDARD *Confirmation of Plan Information & Sold Case Checklist* (10 + Lives)

- ❑ **Preliminary Application for Group Insurance** *-Original, signed & dated by effective date by Employer and Broker* (State specific for: AR, CO, DC, FL, KY, LA, ME, MN, NJ, NM, NY, OH, PA, VA)
- ❑ **Deposit check** equal to approximately 1st month's premium
- ❑ Copy of **Sold Proposal**
- ❑ For takeover groups, prior carrier's **Booklet** and **Bill**
- ❑ **Updated Census List** in lieu of cards with applicable info (for contributory cases, employer holds enrollment cards with waiver info.)
  - Name, DOB, Gender, Hire Date, Job Title, Salary & Mode, State & Zip, Class, Coverage elected & SS # (Voluntary & list billing)

If Applicable:

- ❑ **Questionnaire(s):** ❑ **Bonus Formula** (if in Earnings Definition) ❑ **Travel Accident** (SR) ❑ **Aircraft/Crew Member** (SR/VAR)
- ❑ **Evidence of Insurability Forms** for ee's/dependents applying for amounts greater than non-medical maximum or late enrollees (ee's not on prior contributory plan who did not enroll within 31 days of eligibility) (State specific forms based upon group situses in: AR, CA, CO, DC, FL, GA, IL, KY, ME, MD, MI, MN, MO, NJ, NY, NC, ND, OH, OK, PA, RI, TN, VT, VA or WI)
- ❑ State mandated STD plans: **NY DBL** application: DBL-APP-0103 or **NJ TDB** application TDB-APP-0801 & state form DP-1
- ❑ **Telephonic Claim Intake Client Notification Form** (option for STD/TDB/DBL 250+ lives)
- ❑ **Unions**. If union employees are to be covered, please provide all applicable pages of the Collective Bargaining Agreement(s).

Employer Information (to supplement Preliminary Application)

Full Legal Name of Group:

(exactly as to be shown in contract with exact abbreviations, punctuation, or capitalization)

Website Address:

Executive Contact Name:	Routine Contact Name:
Phone #: Fax #:	Phone # : Fax #:
E-mail address: ________________________________	E-mail address: __________________________________
Location: ❒ Main ❒ Other:	Location: ❒ Main ❒ Other:

When did **Company Operations begin**? Month__________/Year____________

100+ lives: Should we use Policy Anniversary as reporting date for **5500**? ❒ Yes ***(standard)*** ❒ No, use ______________

Booklets/ Certificates (n/a DBL/TDB)

❒ Electronic, provided in Adobe PDF **(standard)*** ❒ 5 ½ X 8 ½ Booklets* Proofs: available by request for 500+ lives.

Include: ❒ Company Logo (**.tif** format – 300 d.p.i) ❒Agent Name ❒ Other: ____________________________

❒ 8 ½ X 11 Flat Certificates (no cover)* * Booklets are not available for SR (Travel Accident) ; flat certificates are produced.

❒ Same for Entire Group, combine multiple coverages (if applicable) ***(standard)***
*Note: there is a maximum of 2 coverages combined per booklet; coverages cannot be combined in certificates.

❒ by Class ❒ by Coverage ❒ by Affiliate

Mail to: ❒ Policyholder's Routine Correspondent ***(standard)*** ❒ Broker ❒ Other: ____________________

Booklet mailing instructions for multiple locations, if applicable:

Administration Kit will be forwarded to Routine Correspondent unless otherwise noted.

ERISA/SPD (100+ employees)

Include Summary Plan Description (SPD) in addition to ERISA wording? ❒ Yes ❒ No **If yes, please provide:**

ERISA plan number(s): Life __________ STD __________ LTD __________

Plan Administrator: ❒ Employer ***(standard)*** ❒ Union Maintaining Plan ❒ Other - Administrator Name & Address:

How are Plan Records kept?: ❒ Calendar Year ❒ Fiscal Year __________ ❒ Policy Year (Anniv.)

Family Medical Leave Act Include FMLA coverage continuance provision?: ❒ Yes ❒ No (n/a for SR, STD,DBL, & TDB)

To allow sufficient processing time, please return all submissions materials prior to requested effective date.

Form completed by (print name): ❑ Employer ❑ Broker ❑ G.A. /T.P.A. ❑ Other: __________

Is other group coverage(s) **in force with Reliance Standard**? ❑ No ❑ Yes - Reliance Standard Group #: _______________

Life Coverage(s):		**Basic**		**Dependent**	**Supplemental**		**Voluntary**	
		Life ❒	AD&D ❒	Life ❒	Life ❒	AD&D ❒	Life (VG) ❒	AD&D (VAR) ❒
Sold Rate(s):		per $1,000		/ dep. unit	❒ Step rates attached		❒ Step rates attached	
Employer Contributions:								
For Contributory Coverages:	Payroll Deductions:	❒ Weekly	❒ Bi-weekly		❒ Semi-monthly		❒ Monthly	
	Total Eligible Employees:							
	Total Participating Employees:							
	Flex / Section 125?	❒N ❒Y	❒N ❒Y	❒N ❒Y	❒N ❒Y	❒N ❒Y	❒N ❒Y	❒N ❒Y

Disability Coverage(s):		**Short Term**				**Long Term**	
		STD ❒	Voluntary (VIP) STD ❒	New York DBL ❒	New Jersey TDB ❒	LTD ❒	Voluntary (VIP) LTD ❒
Sold Rate(s):		per $10	❒ Step rates attached	$_____ Male $_____ Female	per $10	per $100	❒ Step rates attached
Employer Contributions:				$.60 / week ❒ Pre-Tax ❒ Post-Tax			
For Contributory Coverages:	Payroll Deductions: ❒ Weekly ❒ Bi-weekly ❒ Semi-monthly ❒ Monthly	❒ Pre-Tax ❒ Post-Tax Amount: $_______	❒ Pre-Tax ❒ Post-Tax Amount: $_______		❒ Pre-Tax ❒ Post-Tax Amount: $_______	❒ Pre-Tax ❒ Post-Tax Amount: $_______	❒ Pre-Tax ❒ Post-Tax Amount: $_______
	Total Eligible Employees:						
	Total Participating Employees:			All must be covered			
	Flex / Section 125?	❒N ❒Y	❒N ❒Y	❒N ❒Y	❒N ❒Y	❒N ❒Y	❒N ❒Y

Claim Information: (Cumulative Monthly Case Summaries are automatically distributed for all STD & LTD claims)				
	Check Issuance:	❒ Claimant, copy Policyholder (***standard***)	❒ Claimant	❒ Policyholder
	W-2 Preparation (includes Employer FICA match)	❒ by request (at additional cost – see proposal details)	W-2's: not available. **Quarterly Reports** are distributed; **employer** pays FICA match	automatically produced at no additional cost
	Telephonic Claim intake?: **(250 + lives only)**	❒ No ❒ Yes - will you supply eligibility feed? ❒ No ❒ Yes	❒ No ❒ Yes - will you supply eligibility feed? ❒ No ❒ Yes	Not Applicable

ASO STD Only:	Full ASO ❒ Claim Payor Assist ❒ Rate: $________/employee Advice to Pay (ATP) ❒ Fee per claim: $________

Voluntary Coverages only

Completion of this form confirms agreement to implement the aforementioned Reliance Standard Voluntary Coverage(s).

Eligible employees to be solicited starting on____________ through _____________. After enrollment, coverage will be effective ____________;
Future **eligible** ees will be effective: ❒ 1st of month ❒ 1st of the 2nd month following date application is signed

Payroll Cycle: **Start date of first pay period:** _____________ **End date of first pay period:** ___________

Brochure rates **match** mode unless otherwise noted; bills will reflect **monthly** rates.

Rate Types: ❒ Tobacco Use/Non-Tobacco ❒ Undifferentiated **Starting Age Band:** ❒ < Age 20 ❒ < Age 30

We will prepare brochures and employee enrollment applications with the Employer's name and policy number.
Please note, payroll deductions should start immediately for all requested amounts.

Travel Accident (Special Risk) (SR) ❒	___________Employees Covered Premium: ❒ 3 Year ❒ 5 Year ❒ Prepaid ❒ Annual Installments $ ___________

Billing

The most effective way to manage premium remittance is via one of our **Electronic Billing Systems**. Availability is product driven:

Non-Voluntary: **Basic Life/AD&D, Dependent & Supplemental Life, STD & LTD**	Voluntary: **Life (VG) and AD&D (VAR)**
Electronic Options: ❒ List Billed ❒ Self-Administered*	Electronic Option: ❒ List Billed ("Insite")**
"Paper" Option: ❒ Self-Administered*	"Paper" Options ❒ Self-Administered* ❒ List Billed
	STD (VIP) & LTD(VIP): All Bills are Electronic List Billed ("Insite")**

State Mandated STD: New York DBL & New Jersey TDB: All Bills are Self-Administered* "Paper" Bills.

❒ TPA billing:
Name :______________________________Address: ____

*__Self-Administered__ Clarifications: **Were you previously self-administered with your prior carrier?**
❒ No ❒ Yes, & I will use Reliance Standard's billing format
If you would prefer to use your own billing format, please attach a copy for our approval & check here: ❒ Yes, review my format

** **"Insite"** provides uploading of Excel census information. You will be provided with Excel template containing required layout.

Premium remittance: ❒ Check ❒ ACH Credit ❒ Wire Transfer ❒ ACH Debit (only for electronic non "Insite" cases)

1st Bill Group: Billing Group Name (optional): ________________________________

❒ Routine Correspondent listed on Preliminary Application **OR** Correspondent : _________________________________

Title: ____

Location: ❒ Main ❒ Other/Address :____

Phone: Fax: Email (**required**):

2nd Bill Group: Billing Group Name (optional): ________________________________

Location: ❒ Main ❒ Other/Address :____

Correspondent : _________________________________ Title: _________________________________

Phone: Fax: Email (**required**):

Primary Broker Name (as shown on license) ___________________________________ Share % : ____________

Full Address: ____

Contact for ?s: ________________________________ Phone: _____________ Fax: ________________ E-mail:___________________

❒ Individual	Individual SS #: DOB:
❒ Corporation Information must match individual signing preliminary application for corporation:	Corporate Tax ID #: Broker Name (as shown on license) _______________________________________ SS#:__________________ Currently appointed with Reliance Standard in situs state? ❒No ❒Yes, Agent # ___________ (if available) If no, please attach license copy. Our Licensing Dept. will provide appointment package for completion.

Additional Broker Name (as shown on license) Share % :
___________________________________ ____________

Please provide information as listed above for all additional brokers.

(if applicable) ❑ **G.A.** ❑ **T.P.A.** ___________________________________ Tax ID #:___________________________

Agreement on file with Reliance Standard? ❑ Yes ❑ No Contact for questions: Phone:

Employee Eligibility, Service Waiting Period & Earning Definition(s)

Please select an eligibility description either for all employees (Class 1 box) **or** for each class as appropriate:
Note: All Classes standardly exclude temporary or seasonal employees.

	Hours	Includes	Other
Class 1	Hours: ☐ Full-time: _____ ☐ Part-time: _____ (if applicable)	Includes: ☐ All Employees **OR** ☐ Exempt ☐ Union ☐Hourly ☐Non-Exempt ☐ Non-Union ☐Salaried	☐ Other Description: (Ie., Officer)
Class 2	Hours: ☐ Full-time: _____ ☐ Part-time: _____ (if applicable)	Includes: ☐ Exempt ☐ Union ☐Hourly ☐Non-Exempt ☐ Non-Union ☐Salaried	☐ Other Description: (Ie.., Officer)
Class 3	Hours: ☐ Full-time: _____ ☐ Part-time: _____ (if applicable)	Includes: ☐ Exempt ☐ Union ☐Hourly ☐Non-Exempt ☐ Non-Union ☐Salaried	☐ Other Description: (Ie., Officer)

Other: *(Attach page listing other eligibility categories or classes, if applicable)*

Employee Service Waiting Period: (time employee must work before becoming eligible for insurance coverage)* n/a SR (Travel Acc.)

❒ No service wait ❒ 30 Days ❒ 60 Days ❒ 90 Days ❒ 1 Month ❒ 3 Months ❒ Other:

*For present employees covered by prior plan (on policy effective date), time employed is credited towards service wait

Individual Effective Date: (coverage effective date once service waiting period is complete) (see page 4 for voluntary coverage options)

❒ On the Date S.W.P. is completed ❒ 1st of the Month coinciding with or next following S.W.P. ❒ Other:

Class Specific Waiting Periods(if applicable): Class 1: Class 2: Class 3:

Individual Termination Date: (see page 4 for voluntary coverage options)

❒ Employee Term. Date ❒ 1st of Mo. or ❒ Last Day of Mo. coinciding w/ or following Term. Date ❒ Other

Reinstatement Date: (not applicable for voluntary life)

Must employee returning from an **approved** leave of absence/lay-off **re-satisfy** Service Waiting Period?

❒ No, if returning within 6 months ***(standard)*** ❒ Yes ❒ Other:

Benefit Change Date

❒ **1st of Month**: Age, Class & Earnings changes effective the **1st of month** coinciding with or next following change date
❒ **The Date**: Age, Class & Earnings changes effective **on the date of change**
❒ Other:

Earnings Definition

Applicable to Class(es) or Coverage(s): ❒ All ❒ Other:

❒ **Basic Earnings Only - (standard)** "Earnings": basic salary, prior to any deductions to a ❒ 401(k)/403(b) ❒ Section 125 plan(s).
Excluding: commissions, overtime, bonuses or any other special compensation not received as basic salary.

❒ **Basic Earnings** including **-** "Earnings": basic salary, prior to any deductions to a ❒ 401(k)/403(b) ❒ Section 125 plan(s).
Including: ❒ Bonuses ❒ Commissions ❒ Overtime ❒ Incentive Pay
Averaged over ❒ 3 years **(standard)** ❒ 2 years ❒ One Year (n/a for GL (Life), VAR (Vol. AD&D) or SR (Travel Accident).
Averaging applies to: ❒ All Employees ❒ Salespeople ❒ Commissioned Employees ❒ Officers ❒ Other:

❒ **W2 Earnings** prior to any deductions to a ❒ 401(k)/403(b) ❒ Section 125 plan(s).
Including: ❒ Bonuses ❒ Commissions ❒ Overtime ❒ Incentive Pay
❒ Prior Year or **Averaged** over ❒ 3 years **(standard)** ❒ 2 years
Averaging applies to: ❒ All Employees ❒ Salespeople
❒ Commissioned Employees ❒ Officers ❒ Other:

Please submit Bonus Formula Questionnaire for any definition(s) that includes bonuses.

❒ Use **K1 Earnings** for Partners: ❒ Prior Year or **Averaged** over: ❒ 3 years **(standard)** ❒ 2 years

❒ Include **S Corp** wording: ❒ Prior Year or **Averaged** over : ❒ 3 years **(standard)** ❒ 2 years