

Please use this as a guide to ensure that the proper information is submitted for all New Business:

For all New Business:

Preliminary Application for Group Insurance

- Original, signed & dated by effective date by **both** Employer and Broker

There are state specific versions for: AR, CO, DC, FL, KY, LA, ME, MN, NJ, NM, NY, OH, PA, VA

Confirmation of Plan Information form

Deposit check equal to approximately 1st month's premium

Copy of **Sold Proposal**

Updated Census List (in Excel format)

- **This Excel file is mandatory for on-line billing (list billed and self-administered) as well as for paper list bills.**
- This file is in lieu of cards with applicable info (for contributory cases, Employer holds enrollment cards with waiver info.)
- **Your Regional Sales Office will assist you in reviewing the fields needed in Excel file based upon coverages elected.**

For Takeover Business:

Prior carrier **Booklet**

- This will allow us to review all of the provisions in the prior plan. This is especially important for claim processing.

Prior carrier **Bill**

- We will compare prior bill to the first bill that we generate and discuss any discrepancies in volumes and number of lives.

If Applicable:

Evidence of Insurability

For Employers who **select our on-line enrollment option**, employees and spouses will answer medical questions on-line and will receive a message if paper submission of our medical questionnaire is required.

For Employers who **do not select** our on-line enrollment option, forms are required for:

- employees & dependents applying for amounts greater than non-medical maximum or late enrollees
- employees not on prior contributory plan who did not enroll within 31 days of eligibility (late entrants)

Questionnaire(s): **Bonus Formula** (if in Earnings Definition) **Travel Accident (SR)** **Aircraft/Crew Member (SR/VAR)**

Telephonic Claim Intake Client Notification Form (option for STD/TDB/DBL 250+ lives)

Domestic Partner Coverage: Please submit a copy of a blank Affidavit of Domestic Partnership used by the Employer

For Unions: If union employees are to be covered, please provide all applicable pages of the Collective Bargaining Agreement(s).

For Hawaii TDI, New Jersey TDB & New York DBL:

- Hawaii TDI** application: TDI-APP-1003
- New Jersey TDB** application: TDB-APP-0801 & state form DP-1
- New York DBL** application: DBL-APP-0103

Important Note on W-2 preparation: W-2's (including Employer FICA match) are automatically produced at no additional cost for **LTD**. For **STD** (including DBL, TDB & TDI), W-2 preparation is an option (at an additional cost – see proposal details). If Reliance Standard W-2 preparation is not selected, the Employer will be responsible for preparing STD W-2's and making Employer FICA match.

Confirmation of Plan Information

(10 + Lives)

Employer Information (to supplement Preliminary Application)	Full Legal Name of Group: _____ <small>(exactly as to be shown in contract with exact abbreviations, punctuation, or capitalization)</small>		Website Address: _____		
	Executive Contact Name: _____		Tax ID #: _____		
	Phone #: _____ Fax #: _____	Routine Contact Name: _____	Phone #: _____ Fax #: _____		
	E-mail address: _____		E-mail address: _____		
Location: <input type="checkbox"/> Main <input type="checkbox"/> Other:		Location: <input type="checkbox"/> Main <input type="checkbox"/> Other:			
When did Company Operations begin ? Month _____/Year _____					
100+ lives: Should we use Policy Anniversary as reporting date for 5500? <input type="checkbox"/> Yes (<i>standard</i>) <input type="checkbox"/> No, use _____					
Form completed by (print name): _____ <input type="checkbox"/> Employer <input type="checkbox"/> Broker <input type="checkbox"/> G.A. /T.P.A. <input type="checkbox"/> Other: _____					
Is other group coverage(s) in force with Reliance Standard ? <input type="checkbox"/> No <input type="checkbox"/> Yes - Reliance Standard Group #: _____					

Billing	Bill Delivery & Employee Eligibility Method:	<input type="checkbox"/> On-Line List Billed (preferred method) (Employer maintains eligibility data on-line, real time) <input type="checkbox"/> On-Line Self-Administered (Employer maintains eligibility data & reports volume, lives & premium totals on-line) <input type="checkbox"/> Paper List Billed < 100 lives (Reliance maintains eligibility data, mails bills, changes sent to Reliance Standard) <input type="checkbox"/> Paper Self-Administered (Employer maintains eligibility data & reports volume, lives & premium totals via mail) <input type="checkbox"/> TPA billing: Name: _____ Address: _____
	Please note that we need an up-to-date census listing so that we can accurately prepare your first bill.	
	Premium Payment Options:	<input type="checkbox"/> Check <input type="checkbox"/> Wire Transfer /ACH Credit - You transfer funds to Reliance Standard's bank account <input type="checkbox"/> ACH Debit (only available for on-line billing) - You authorize Reliance to deduct funds electronically from account
	Bills will go to each Correspondent as noted below. If more than three bill groups, please supply details on a separate page.	
1st Bill Group: Billing Group Name (optional): _____		
<input type="checkbox"/> Routine Correspondent listed on Preliminary Application OR Correspondent: _____		
Title: _____		
Location: <input type="checkbox"/> Main <input type="checkbox"/> Other/Address : _____		
Phone: _____ Fax: _____ Email: _____		
2nd Bill Group: Billing Group Name (optional): _____		
Location: <input type="checkbox"/> Main <input type="checkbox"/> Other/Address : _____		
Correspondent: _____ Title: _____		
Phone: _____ Fax: _____ Email: _____		
3rd Bill Group: Billing Group Name (optional): _____		
Location: <input type="checkbox"/> Main <input type="checkbox"/> Other/Address : _____		
Correspondent: _____ Title: _____		
Phone: _____ Fax: _____ Email: _____		

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

Disability Coverage(s):	Short Term				Long Term	
	STD <input type="checkbox"/>	Voluntary STD(VPS) <input type="checkbox"/>	New York DBL <input type="checkbox"/>	New Jersey TDB <input type="checkbox"/> Hawaii TDI <input type="checkbox"/>	LTD <input type="checkbox"/>	Voluntary LTD (VPL) <input type="checkbox"/>
Sold Rate(s):	per \$10		<input type="checkbox"/> Step rates attached	\$____ Male \$____ Female	per \$10	per \$100
Employer Contributions (%):						
For Contributory Coverages:	Payroll Deductions:	Pre-Tax <input type="checkbox"/> Post-Tax <input type="checkbox"/>	Pre-Tax <input type="checkbox"/> Post-Tax <input type="checkbox"/>	\$.60 / week <input type="checkbox"/> Pre-Tax <input type="checkbox"/> Post-Tax	Pre-Tax <input type="checkbox"/> Post-Tax <input type="checkbox"/>	Pre-Tax <input type="checkbox"/> Post-Tax <input type="checkbox"/>
	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Monthly	Amount: \$_____	Amount: \$_____		Amount: \$_____	Amount: \$_____
	Total Eligible Employees:					
	# Participating Employees:			All must be covered		
Flex / Section 125?	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y

Voluntary Coverages

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 _____;

Beginning Payroll Cycle: Start date of first pay period: _____ End date of first pay period: _____

Starting Age Band for Step Rates: < Age 20 < Age 30

We will prepare brochures and employee enrollment applications with the Employer's name and policy number. Brochure rates **match** payroll deduction mode (in rate section above) unless otherwise noted; bills will reflect **monthly** rates.

Please start payroll deductions immediately for total requested amounts - including amounts above the Guaranteed Issue limit.

For VG (Voluntary Life only) Rate Type: Tobacco Use/Non-Tobacco Undifferentiated

Future eligible employees will be effective: 1st of month 1st of the 2nd month following date application is signed

Travel Accident (Special Risk) (SR) <input type="checkbox"/>	_____ Employees Covered
	Premium: <input type="checkbox"/> 1 Year <input type="checkbox"/> 3 Year <input type="checkbox"/> 5 Year <input type="checkbox"/> Prepaid <input type="checkbox"/> Annual Installments \$ _____

Employee Eligibility, Service Waiting Period & Earning Definition(s) (if different by coverage, please note)

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.

Class 1	# of Hours worked per week: <input type="checkbox"/> Full-time hours: _____ <input type="checkbox"/> Part-time hours: _____ (if eligible)	Includes: <input type="checkbox"/> All Employees OR <input type="checkbox"/> Exempt <input type="checkbox"/> Union <input type="checkbox"/> Hourly <input type="checkbox"/> Non-Exempt <input type="checkbox"/> Non-Union <input type="checkbox"/> Salaried	<input type="checkbox"/> Other Description: (Ie., Officer, etc...)
Class 2	# of Hours worked per week: <input type="checkbox"/> Full-time hours: _____ <input type="checkbox"/> Part-time hours: _____ (if eligible)	Includes: <input type="checkbox"/> Exempt <input type="checkbox"/> Union <input type="checkbox"/> Hourly <input type="checkbox"/> Non-Exempt <input type="checkbox"/> Non-Union <input type="checkbox"/> Salaried	<input type="checkbox"/> Other Description: (Ie., Officer)
Class 3	# of Hours worked per week: <input type="checkbox"/> Full-time hours: _____ <input type="checkbox"/> Part-time hours: _____ (if eligible)	Includes: <input type="checkbox"/> Exempt <input type="checkbox"/> Union <input type="checkbox"/> Hourly <input type="checkbox"/> Non-Exempt <input type="checkbox"/> Non-Union <input type="checkbox"/> Salaried	<input type="checkbox"/> 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 2 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 2 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	<input type="checkbox"/> 1st of Month: Age, Class & Earnings changes effective the 1st of month coinciding with or next following change date <input type="checkbox"/> The Date: Age, Class & Earnings changes effective on the date of change <input type="checkbox"/> Other:
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Earnings Definition	Applicable to Class(es) or Coverage(s): <input type="checkbox"/> All <input type="checkbox"/> Other:
<input type="checkbox"/> Basic Earnings Only - (standard) - "Earnings": basic salary, prior to any deductions to a <input type="checkbox"/> 401(k)/403(b) <input type="checkbox"/> Section 125 plan(s). Excluding: commissions, overtime, bonuses or any other special compensation not received as basic salary.	
<input type="checkbox"/> Basic Earnings including - "Earnings": basic salary, prior to any deductions to a <input type="checkbox"/> 401(k)/403(b) <input type="checkbox"/> Section 125 plan(s). Including: <input type="checkbox"/> Bonuses <input type="checkbox"/> Commissions <input type="checkbox"/> Overtime <input type="checkbox"/> Incentive Pay Averaged over <input type="checkbox"/> 3 years (<i>standard</i>) <input type="checkbox"/> 2 years <input type="checkbox"/> One Year (n/a for GL (Life), VAR (Vol. AD&D) or SR (Travel Accident)). Averaging applies to: <input type="checkbox"/> All Employees <input type="checkbox"/> Salespeople <input type="checkbox"/> Commissioned Employees <input type="checkbox"/> Officers <input type="checkbox"/> Other:	
<input type="checkbox"/> W2 Earnings prior to any deductions to a <input type="checkbox"/> 401(k)/403(b) <input type="checkbox"/> Section 125 plan(s). Including: <input type="checkbox"/> Bonuses <input type="checkbox"/> Commissions <input type="checkbox"/> Overtime <input type="checkbox"/> Incentive Pay <input type="checkbox"/> Prior Year or Averaged over <input type="checkbox"/> 3 years (<i>standard</i>) <input type="checkbox"/> 2 years Averaging applies to: <input type="checkbox"/> All Employees <input type="checkbox"/> Salespeople <input type="checkbox"/> Commissioned Employees <input type="checkbox"/> Officers <input type="checkbox"/> Other:	
Please submit Bonus Formula Questionnaire for any definition(s) that includes bonuses.	
<input type="checkbox"/> Use K1 Earnings for Partners: <input type="checkbox"/> Prior Year or Averaged over: <input type="checkbox"/> 3 years (<i>standard</i>) <input type="checkbox"/> 2 years	
<input type="checkbox"/> Include S Corp wording: <input type="checkbox"/> Prior Year or Averaged over: <input type="checkbox"/> 3 years (<i>standard</i>) <input type="checkbox"/> 2 years	

Booklet/Contract Printing	<input type="checkbox"/> Electronic, provided in Adobe PDF (standard)* <input type="checkbox"/> 5 ½ X 8 ½ Booklets* <input type="checkbox"/> 8 ½ X 11 Flat Certificates (no cover)* Include: <input type="checkbox"/> Company Logo (.tif format – 300 d.p.i) <input type="checkbox"/> Agent Name <input type="checkbox"/> Other: _____ * Flat Certificates are the only option for Voluntary Lines (Life/STD/LTD & SR (Travel Accident)).		
	<input type="checkbox"/> 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.		
	<input type="checkbox"/> by Class <input type="checkbox"/> by Coverage <input type="checkbox"/> by Affiliate		
	Mail to:	<input type="checkbox"/> Policyholder's Routine Correspondent (standard) <input type="checkbox"/> Broker <input type="checkbox"/> Other: _____ Booklet mailing instructions for multiple locations, if applicable: Administration Kit will be mailed per above instructions unless otherwise noted.	
ERISA/SPD	Include Summary Plan Description (SPD) in addition to standard ERISA wording ? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide: ERISA plan number(s): Life _____ STD _____ LTD _____		
	Plan Administrator: <input type="checkbox"/> Employer (standard) <input type="checkbox"/> Union Maintaining Plan <input type="checkbox"/> Other - Administrator Name & Address: _____		
	How are Plan Records kept?: <input type="checkbox"/> Calendar Year <input type="checkbox"/> Fiscal Year _____ <input type="checkbox"/> Policy Year (Anniv.)		
Family Medical Leave Act	Include FMLA coverage continuance provision?: <input type="checkbox"/> Yes <input type="checkbox"/> No (n/a for SR, STD, DBL, TDB & TDI)		
Disability Claim Information:	(Cumulative Monthly Case Summaries are automatically distributed for all STD & LTD claims)	Check Issuance:	<input type="checkbox"/> Claimant, copy Policyholder (standard) <input type="checkbox"/> Claimant <input type="checkbox"/> Policyholder
	W-2's (including Employer FICA match) are automatically produced at no additional cost for LTD. For STD (including DBL, TDB & TDI), W-2 preparation is an option (at an additional cost – see proposal details)		
	Who will prepare STD W-2's and make Employer FICA match: <input type="checkbox"/> Reliance Standard <input type="checkbox"/> Employer		
	Claims Reports are mailed to the Routine Correspondent. Please advise of other instructions. STD Telephonic Claim Intake?:(50 + lives) <input type="checkbox"/> No <input type="checkbox"/> Yes - will you supply eligibility feed? <input type="checkbox"/> No <input type="checkbox"/> Yes		
ASO STD Only:	Full ASO <input type="checkbox"/> Advice to Pay (ATP) <input type="checkbox"/> Fee per claim: \$ _____	Claim Payor Assist <input type="checkbox"/> Rate: \$ _____/employee	
Primary Broker Name (as shown on license) _____ Share % : _____ Full Address: _____ Contact for ?s: _____ Phone: _____ Fax: _____ E-mail: _____			
<input type="checkbox"/> Individual	Individual SS #:	DOB:	
<input type="checkbox"/> Corporation	Corporate Tax ID #:		
Information must match individual signing preliminary application for corporation:	Broker Name (as shown on license) _____	SS#: _____	
	Currently appointed with Reliance Standard in situs state? <input type="checkbox"/> No <input type="checkbox"/> 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) <input type="checkbox"/> G.A.	<input type="checkbox"/> T.P.A. _____	Tax ID #: _____	
Agreement on file with Reliance Standard? <input type="checkbox"/> Yes <input type="checkbox"/> No	Contact for questions:	Phone: _____	