

Group Enrollment

Checklist – Procedures to follow for issuing a group

PLEASE DO NOT CANCEL YOUR EXISTING GROUP INSURANCE PLAN UNTIL YOUR APPLICATION FOR INSURANCE IS APPROVED BY ASSUMPTION LIFE.

Please note that any missing information will cause delays in the issue process for the group.

Legal Group Name:	Share of commissions
Service Representative Name:	_____ %
Secondary Representative Name:	_____ %

Group Insurance Application

- Has the group application been completed and signed by the employer?
- Did you verify that the requested benefits are clearly indicated?
- Did you verify that the health care and dental care benefits match the previous insurer's benefits and any variations are clearly indicated? (i.e. benefits, maximums, etc.)
- Did you verify that the **EMPLOYEES ABSENT FROM WORK** page was completed, dated and signed by the employer?

Individual Applications for Group Insurance

- Have the individual applications been completed and signed by the employees?
- Did you verify that all employees included in the group quote have sent their enrolment forms?
- Did you verify the information on the forms to ensure that all the required information is complete and legible? (i.e.: date of birth, beneficiary, employment date, etc.)

→ *Please note that incomplete forms will be returned to you for completion.*

- Are there any employees whose **available coverage exceeds the non-evidence limits** indicated in the proposal?

If yes,

- Are the necessary **proofs of insurability** for each of the participants included?
Initial proof of insurability is the Statement of Health; thereafter, the medical underwriter may request additional information if required.

- Did you include a **cheque** for the full month's estimated premium? Received: \$ _____

- Are all eligible employees **enrolled in the plan**?

Is the following required participation ratio met? Yes No

3-9	100% participation
10-24	85% participation
25 +	75% participation

If any of the employees are waiving their right to insurance benefits, **have they completed and signed the waiver form?** Yes No

- Did you provide a copy of the previous insurer's **billing statement** for the **month prior to the requested issue date**?