



GROUP LIFE QUOTE REQUIREMENTS

In order to process a request for a quote efficiently and accurately, please forward the following information in electronic format to your sales representative with commission level requirements. If additional information to quote is needed by the carrier, please provide the name of the contact person, phone number and email address.

1. Provide a census in one Excel file

2. Company Information

- Company name
- Company address (at least zip code)
- Company Standard Industry Code (SIC) or Primary Industry

3. Eligibility (Standard)

- Active employees who work 30+ hours per week.
- Part-time employees who work 20-29 hours may be offered basic life, and supplemental life.

4. Plan Design Information

- Effective date of requested benefits
- Benefit summary or plan booklet if we are to match current benefits
- If no benefit is in place, refer to your sales representative for direction for plan design options
- If classes, state benefit requested for each class and include proper definition of class (e.g. "All Active FT Union Employees").
- Current premium rate(s) and renewal rate(s) if available

5. Life Insurance Employee Census Information

Flat benefit

- Gender
- Date of birth or age
- Full-time or part-time indicator

Earnings Based Benefit

- Gender
- Date of birth or age
- Full-time or part-time indicator
- Annual salary (if hourly, provide rate, number of hours worked per week per person)