NEW GROUP CHECK LIST

(to be completed by the selling plan advisor)

COMPANY NAME: ____

FORMS: Please note the following requirements must be met in order for us to start generating invoices, booklets and commissions:

- ❑ **Benepac® Employer Application for Group Insurance –** completed and signed by the plan advisor, policyholder and witness;
- ❑ **Binder Cheque –** payable to BBD and dated no later than the effective date of the plan;
- ❑ **Pre-Authorized Payment Plan form** (payments will be deducted on the 1st of the month);
- ❑ **Group Insurance Enrollment form –** to be completed by each eligible employee.
  - Please note: an employee wishing to waive EHC and/or Dental due to spousal coverage must complete and sign the Partial Waiver section of the form.
  - Are there any enrollment forms still outstanding? Yes__________________ No ______________________________________
    If yes, when can we expect to receive the balance of the forms? ____
- ❑ **Health Evidence form –** required for employees wishing to apply for amounts over the quoted non-evidence maximum, or if applying for coverage over the eligible grandfathered amount.
- ❑ **Agent Notice of Authorization –** required to be completed by the policyholder and witness if the plan advisor wishes to access 'employee level' information on BBD Online.

If this is your first sale with us, please also include the following:

- **Associates Agreement**
- Copy of individual (and corporate, if applicable) life license(s)
- Proof of E&O insurance
- Void cheque for the account in which commissions are to be paid

TAKEOVER BUSINESS: Please do not cancel current coverage until we confirm that we are able to approve coverage as requested. Please include the following:

- ❑ **Deductibles listing –** if a group has a deductible on the plan, please provide us with a list of employees who have satisfied the deductible for the current year;
- ❑ **Copy of Prior Billing Statement –** showing employees' names and coverage amounts, for the purpose of grandfathering;

Grandfathering Limits Based on Number of Employees Participating

3 – 14 Employees	Life Maximum $300,000	LTD Maximum $5,000
15 – 30 Employees	Life Maximum $400,000	LTD Maximum $6,500
30 + Employees	Life Maximum $500,000	LTD Maximum $7,000

**The NEM will be calculated based on the average volume at time of sale, and therefore may be adjusted by changes in salary and group size.*

- ❑ **Copy of Prior Plan –** showing benefit schedule and pre-existing condition clause, for continuity of coverage;
- ❑ **Final Plan Design –** please include a copy of the proposal outlining the sold plan design;

COMMISSION: Please confirm applicable payee(s) for this sale:

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Would you like commission paid: □ monthly □ annually* □ annualized for the first year only* (**requires a minimum of 3 sales with BBD*)

BOOKLETS: Please confirm plan advisor's name and address to be reflected on the booklets:

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DELIVERY OF THE ADMINISTRATION KIT:

- ❑ Plan Advisor
- ❑ Mailed to Plan Administrator (copy to Plan Advisor)

Thank you for providing us with this complete information. Your assistance will help us in expediting this sale.