# Policy Issue Checklist

# Thank you for choosing Nippon Life Benefits as your Group Insurance Carrier

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| **Nippon Life Benefits**  Insert Office Address | | |
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| Sales Representative | Click here to enter text. | |
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| Account Manager | Click here to enter text. | |
| Nippon Life Insurance Company of America® (Nippon Life Benefits®) provides benefit solutions that respect and honor every individual. As part of our commitment to service excellence, the team at Nippon Life Benefits will work closely with you to ensure a smooth transition. If you have questions about the process, please feel free to contact us.  To meet our commitment to you, please submit the following documents, as soon as possible to the Service Contact above. We would like to have all the information below, *a month prior to the effective date*.  Signed Employer Application for Group Insurance  Binder-Premium Check – first month’s premium based on the sold rate(s)  (Indicate amount to be applied to each division (unit) $ \_\_\_\_\_\_\_\_\_.  Completed **Policy Issue Checklist** (this form) (which can be completed electronically)  Electronic Services Agreement (page 4)  Policyholder Electronic Enrollment Terms and Conditions (if Census is provided) (page 5)  Copy of Proposal or plan of benefits requested  Rate page- with signature for the Plan(s) requested  Optional Coverage (Must Offer) form (if applicable, form is contained in the formal proposal)  Census provided on Nippon Life Benefits’ template (available of groups 50+)  Enrollment forms <with statements of health>  Enrollment forms for employees in the waiting period  Waivers and reason for waiver for employees and dependents who do not elect coverage  COBRA election forms- if any COBRA participants  Most recent premium statement for all applicable coverages  List of employees currently on Disability Continuance and employees currently on FMLA leave  Tax and Wage forms or K-1 forms (owners/partners) - provide current quarter (not required for 100+enrolled)  Indicate part-time (PT) and Terminated (T)  W-4 forms for any new hire not listed on Tax & Wage  Copy of prior carrier’s booklet (required for medical 100+ enrolled and for LTD)  RAQ – Risk Appraisal Questionnaire (groups under 150+enrolled in approved states) *Employer should retain copy of enrollment forms and have form signed prior to the eligibility date.* Original binder is to be sent with Application to the address on the top of the form, future premium payments are made to: Nippon Life Insurance Co of America® 62348 Collections Center Dr. Chicago, IL 60693-0623 | | | |
| Name of Policyholder | | | |
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| Group Size Qualification ***Please provide the below numbers based on the # of employees in the calendar year preceding your anniversary date or effective date.*** | | | |
| 1. Number of employees that are employed by *any* associated/affiliated company within the United States or with whom you file a combined Federal tax return. . \_\_\_\_\_\_ 2. Number of employees that are employed by *any* associated/affiliated company within your state or with whom you file a combined State tax return. . \_\_\_\_\_\_ 3. Considering all locations of your company, within and outside the United States, please provide the number of employees that are in the total organization. . \_\_\_\_\_\_ | | | |

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| Eligibility (continued) | | | | | | |
| Does eligibility differ by class? (Would not apply to medical)If yes, how does it differ? . | | | | | Yes  No | |
| Does this plan have employees who are considered rotational employees from outside the United States? If so, please designate on enrollment forms or census. Or list names here - . | | | | | Yes  No | |
| Are you requesting coverage for Retirees?If yes, have you applied for Medicare Part D subsidy?Please provide the following information:Employer contributions: Initial: \_ % Future: \_\_ %Add Dependent(s) after member death:  Yes  NoMinimum age:  \_ Minimum years of service: .Maximum period:  Age 65  indefinitely | | | | | Yes  No  Yes  No Other: . | |
| Plan Set Up - Federal Employer Identification Numbers (EIN) and Premium Statement information | | | | | | |
| Do you have multiple Federal EINs that apply to the employees that we will insure?  Yes  No If yes, we need to create a separate unit and separate statements for each EIN. | | | | | | |
| Do you require specific employees or a location to have a separate invoice?  Yes  No | | | | | | |
| Please provide details on each unit for billing and reporting: | | | | | | |
| **Unit #** | **EIN** | **Contact Name** | **Address** | **Phone Number** | | **Email** |
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| If additional information is needed, please attach spreadsheet | | | | | | |

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| Claims | | |
| Deductible Credit. For Nippon Life Benefits to apply prior carrier deductible credit, information must be received within 90 days of the effective date. We will accept copies of EOBS from members, or a report from the prior carrier showing the In Network & Out of Network deductible (shown separately) satisfied in the current calendar year for each covered employee & dependent. |  | Employees will submit copies of EOBs |
|  | We will submit report from prior carrier **Estimate Date**; .\_\_\_\_\_\_\_\_ |
| Salary Definition: - for STD, LTD and Life (if Benefit is based on Salary) | | |
| - Standard Definition – Base salary only, no Commissions, Overtime or Bonus  - Other . | | |
| **Disability:** Standard services include preparation of W-2 and claimant reports. | | |
| Or by checking here, you are requesting that we do not provide STD W-2s. | | |

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| Website Access: The Nippon Life Benefits employer website provides group and member information. | | | | | | | | | | |
| **Primary Administrator** – Primary Administrator controls online access by unit and determines who and the level of access of a Secondary Administrator or a Broker. Primary Administrator can add Secondary and Broker access online. The Primary Administrator’s access, can only be changed by Nippon Life Benefits customer service representatives. Therefore, if administration changes within your organization, Nippon Life Benefits must be notified to change the Primary Administrator. The Policyholder must employ the Primary Administrator. | | | | | | | | | | |
| The Primary Administrator will be provided with access, which includes: | | | | | | | | | | |
| 1. Premium Statement History | | | | | 1. Transaction Activity History | | | 10. Forms to access Administrative forms & Administration Kit. | | |
| 1. Eligibility List | | | | | 1. Print new ID Card | | |
| 1. Member Eligibility Detail | | | | | 1. Print Temporary ID Card | | |
| 1. Add Member/Dependents | | | | | 1. Plan Documents | | | | | |
| 1. Change/Term Members/Dependents | | | | | 1. Summary of Benefits & Coverage (SBC) | | | | | |
| **Primary Administrator Name**:  . | | | | **Email Address (required**):  . | | | | | **Title:**  . | **Phone Number**  . |
| **Secondary Access can be provided to Broker, or another client contact: Provide the details of the access in comments if will not have access to all Units and all 10 items above.** | | | | | | | | | | |
| **Secondary Administrator Name:** | | | | **Email Address for Secondary User** | | | | | **Company/Title** | **Phone Number** |
| **.** | | | | **.** | | | | | **.** | **.** |
| **Type of Access** | | | | **Comments: Include details of access and unit information if applicable** | | | | | | |
| Broker | | | Client Contact | **.** | | | | | | |
| All persons requesting access must register on the website. Please register after eligibility has been built. | | | | | | | | | | |
| ID Cards: Standard handling is to provide to member’s homes, if choosing client for initial issuance, it is provided as 2-day shipping with tracking to the Client Contact | | | | | | | | | | |
|  |  | **Standard:** send to Members | | **.** | |  | Send to Client | | | |
| Booklet Information: | | | | | | | | | | |
| To assist in reducing our carbon footprint we encourage electronic delivery of Booklets and Riders. Please sign the attached Electronic Services agreement if you are interested in receiving electronic correspondence. If you do not sign the agreement, we will provide paper booklets. | | | | | | | | | | |
| Important Information: Thank you for providing the above details as the information will help us efficiently set up your group’s appropriate plan design and eligibility and help up to meet your expectations for providing prescription drug benefits and for delivery of ID cards.  As previously indicated, we would like to have all the information **a month** prior to the effective date.  If that timeframe is not suitable, please let us know when you will be able to deliver each of these items. We will work extremely hard to make sure we have the eligibility loaded by the effective date. Please understand that the ID cards may not be delivered by the effective date, especially if we do not have all required information by the 15th of the preceding month. If ID cards are not going to be delivered by the end of the month, we do have retail prescription claim forms that can be utilized until the ID card is available. | | | | | | | | | | |
| Policyholder Signature: Title: Date: | | | | | | | | | | |
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|  | Nippon Life Insurance Company of America  PO Box 25951  Shawnee Mission, KS 66225-5951  Telephone 1-800-374-1835 ext. 43780 | **Electronic Services Agreement - CA** |
| Employer (Company) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Group number \_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **Establishment** | | |
| |  |  | | --- | --- | | A. | Nippon Life Insurance Company of America (Nippon Life Benefits) has issued one or more group insurance policies ("Policies") to **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**(“Policyholder”)**.** | | B. | Policyholder desires that booklet-certificates relating to the Policies be sent and received by electronic transactions ("Electronic Records"), consistent with applicable law. | | C. | Policyholder desires that correspondence relating to the Policies be sent and received by electronic transactions (“Electronic Records”) consistent with applicable law. | | **Administrative Functions** | | | A. | The Policyholder will: | |  | 1. Furnish paper copies of the booklet-certificate to all participants who do not have access to electronic media. 2. If plan documents are available to multiple classes of participants, ensure that each participant knows and is aware of what plan documents cover each participant. 3. If the Policyholder terminates its insurance agreement with Nippon Life Benefits, the Policyholder will inform all participants and beneficiaries of this termination. The Policyholder will inform all participants and beneficiaries that the booklet-certificate will remain on-line for a limited period of time (3-months) following termination. The policyholder will inform all participants and beneficiaries of the need to obtain paper copies of the booklet for the terminated policy. | | **General Provisions** | | | A. | Policyholder shall perform this Agreement consistent with all Federal and State law, including, but not limited to, ERISA. | | B. | There is no employer-employee or agency relationship between the Policyholder and Nippon Life Benefits. Nippon Life Benefits will send all notices required by law electronically, unless such notices are required to be sent by paper. | | C. | Policyholder and Nippon Life Benefits acknowledge and agree that whenever electronic transactions are not possible, transactions will be conducted in a manner that is consistent with insurance industry standards or another mutually agreed upon method. | | D. | This Agreement shall be governed by and construed in accordance with the laws of the State of Iowa. | | E. | The duties and obligations of this Agreement are neither assignable nor alienable by either Party without the consent, in writing, of the other Party. | | F. | This Agreement may be amended by mutual consent, in writing, by the Parties. This Agreement may be terminated upon notice by either one of the Parties. Absent any such termination, this Agreement shall renew automatically and annually on the anniversary of its effective date. | | **Election** | | | We would like to receive the following in electronic format:  Policy and books: Email (electronic mail)  Correspondence:  Email  Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  The Policyholder will update diligently its electronic mail address on file with Nippon Life Benefits. | | | **Signature** | |   Signed (must be an officer): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date signed **\_\_\_\_\_\_\_\_\_\_\_**  NP 1235-3 CA | | |

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| Census Enrollment: If you opt to use the Nippon Life Benefits enrollment census, the following agreement is required | |
| **Policyholder Electronic Enrollment Terms and Conditions**  You have elected to utilize electronic enrollment for your employees and their families. We agree to accept member/dependent enrollment and eligibility data (e.g. census) via electronic delivery.  The following conditions apply:   * Policyholder acknowledges that electronically submitted enrollment, eligibility, waiver, election or other data is not a guarantee of benefits or eligibility, and that all terms, provisions, conditions, limitations and exclusions shown in the certificate booklet and master policy will govern. Policyholder agrees to provide up-to-date and accurate census or other electronic enrollment, eligibility, waiver, election or other related data that will include all required and current member/dependent information and elections in a format approved by Nippon Life Benefits®. Nippon Life Insurance Company of America® relies upon the information submitted electronically being complete, accurate and up-to-date. PLEASE NOTE that the above information will only be accepted in census format for new enrollments, or for enrollment, eligibility, waiver, election and/or other related changes to existing members/dependents insured by Nippon Life Insurance Company of America. The changes should be easily identified. * Policyholder agrees to make timely updates and correct errors according to Nippon Life Insurance Company of America’s standard eligibility practices, ie, eService, or to submit paper enrollment forms for each member/dependent who is being added, terminated or corrected. Policyholder agrees to maintain and retain copies (paper or electronic) of actual enrollment forms and waiver of coverage forms (and other necessary records) from each eligible employee/dependent to enable Nippon Life Insurance Company of America to determine the current classification, benefits, and termination data for each insured person. * Policyholder agrees that all beneficiary designations must be maintained by the Policyholder and must be provided to Nippon Life Insurance Company of America. The Policyholder hereby agrees to indemnify, defend and hold harmless Nippon Life Insurance Company of America and its respective officers, directors, agents, advisers and representatives, to the fullest extent permitted by law, against any and all losses, damages, liabilities, costs, charges, or claims arising out of or related to this Agreement or as a result of the Policyholder’s breach, errors, and/or omissions in enrollment/eligibility/waiver/benefits or other required data submitted electronically. This provision shall survive the termination of this Agreement and continue in perpetuity.   **Please carefully review your Nippon Life Insurance Company of America premium statement(s) produced after the enrollment, eligibility, waiver, election and/or other related information has been submitted. Please provide us with any updates or corrections to** [**admin-info@nipponlifebenefits.com**](mailto:admin-info@nipponlifebenefits.com) **or 800-374-1835 ext. 43780 or via facsimile at 913-387-5920 within 30 days of the premium statement date.**  Policyholder acknowledges, understands and agrees to the terms and conditions set forth in this Agreement. By signing below, the Policyholder represents that the undersigned is authorized to sign this Agreement and bind the Policyholder. | |
| **Group Name:** | **Policyholder Signature:** |
|  | x |
| **Date:** | **Title:** |