



GROUP TERM LIFE

PLEASE NOTE: This checklist is provided as a guide. The carrier may require additional items and documentation. Please refer to the carrier's underwriting guidelines for a complete list of requirements. Please use the latest version of forms.

Our goal is to process your new group enrollment easily and efficiently in order to provide you and your client with a quick approval. The following list outlines the health plan's case submission requests:

- Employer Enrollment Form**
- Employee Enrollment Form** (include refusal of Coverage section) or **Quick Enroll Census**.
- Beneficiaries or employer letter stating they are holding the beneficiary file**
- Employer Check** - Made payable to BEST Life and Health Insurance Company for the first month's estimated cost.
- Copy of Life Proposal**
- Agent Appointment Form & copy of license (if applicable).

After approval, prior carrier termination letter must be submitted by the employer or broker.