

PRODUCTS:

(*Only available in certain states – Check with Market Support)

- LIFETIME BENEFIT TERM – RIDERS:** Dep. Child Accidental Death Waiver Premium Long Term Care*
 GRADED DEATH BENEFIT – RIDERS: Dep. Child* Accidental Death Waiver Premium* Long Term Care*
 RAPID DECISION TERM – RIDERS:

***MALE/FEMALE SPLIT:**

A census including Employee Name, Gender, Date of Birth and Date of Hire must accompany each Request for Underwriting Offer.

Prior to enrollment: Agents and enrollers MUST be licensed and appointed with FLA in ALL enrollment states.

When is UW Offer needed? _____ / _____ / _____ Scheduled start date for enrollment: _____

EMPLOYER INFORMATION

Employer Name: _____
 Billing Address: _____ City: _____ State: _____ Zip: _____
 Phone: (_____) _____ Fax: (_____) _____
 Years in Business: _____ State of Domicile: _____ Nature of Business: _____
 Contact Name: _____ Contact Title: _____ Phone: (_____) _____

If this is a multi-location case, list all STATES and locations and number of employees at each:

Location Name:	State:	Location Name:	State:	Location Name:	State:

EMPLOYEE DATA

Number of eligible employees: _____
 Are eligible employees engaged in a hazardous occupation? Yes No If yes, give details: _____
 Are any eligible employees covered by a collective bargaining agreement? Yes No
 If yes, will the union control this benefit? Yes No
 Are there any employees who do not speak English? Yes No If yes, what percentage _____ %
 What language do they speak? _____

ENROLLMENT DATA

If this is a multi-location case, how will the enrollments take place in each location?

 Are there any employees who cannot enroll on site? Yes No If yes, please explain: _____
 Are there any benefit or employment changes pending or recently completed which could affect enrollment? Yes No
 If yes, please explain: _____
 Does the Employer support the program and the onsite enrollment? Yes No
 Will there be mandatory individual meetings on company time? Yes No

BENEFITS INFORMATION

<u>Existing Benefits</u>	<u>Yes</u>	<u>No</u>	<u>Schedule / Description</u>
Group Life (Term or Permanent)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Dependent Group Life	<input type="checkbox"/>	<input type="checkbox"/>	_____
Individual Life (Term or Permanent)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Voluntary Term Life	<input type="checkbox"/>	<input type="checkbox"/>	_____
Disability Income	<input type="checkbox"/>	<input type="checkbox"/>	_____

Has this company previously sponsored a payroll deduction life insurance plan? Yes No
 Carrier _____ Date Installed _____ Still in effect? Yes No
 When was it last enrolled? _____ / _____ / _____ How many policies are in force? _____
 What other products, if any, will be sold at the same time as Voluntary Universal Life Insurance? _____

PRODUCER DATA

Agency Name _____ Agent # _____
 Completed by _____ Agency # _____
 Date _____ Phone #: _____ SSN _____
 Comments/Special Requests/Expectations: _____