

**PRODUCT INFORMATION:**

<p><b>Riders to include:</b></p> <p><input type="checkbox"/> LBT: <input type="checkbox"/> Dep. Child <input type="checkbox"/> Accidental Death <input type="checkbox"/> Waiver Premium <input type="checkbox"/> Long Term Care*</p> <p><input type="checkbox"/> GDB: <input type="checkbox"/> Dep. Child* <input type="checkbox"/> Accidental Death <input type="checkbox"/> Waiver Premium* <input type="checkbox"/> Long Term Care*</p> <p>(*Not available in all states – check with Market Support)</p> <p><input type="checkbox"/> RDTERM:</p>	<p><b>Number of Applications:</b></p> <p><b>Date of Submission:</b></p>
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**ENROLLMENT AND EMPLOYER INFORMATION:**

**Enrollment Type:**  Face to Face  Call Center  Web

New group  New location / division of an existing group  Re-enrollment on an existing group

<b>Employer Group Name:</b>	<b>Billing Address:</b>		
<b>City</b>	<b>State</b>	<b>Zip</b>	

**EMPLOYER CONTACT NAME:**

**EMPLOYER CONTACT TEL NUMBER AND EMAIL ADDRESS:**

<b>▶ IS VISION SENDING PAYROLL DEDUCTION NOTIFICATION TO THE EMPLOYER:</b> YES <input type="checkbox"/> NO <input type="checkbox"/> (ASSUME YES IF BLANK)	<b># of Payroll Deductions</b> Per Year:	<b>Identifier:</b> <input type="checkbox"/> SSN <input type="checkbox"/> Employee ID	<b>Identifier if more than one deduction frequency:</b>
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<b>Deduction Report Format (from Vision to Employer):</b> <input type="checkbox"/> Paper <input type="checkbox"/> Excel	<b>Sent to Employer via:</b> <input type="checkbox"/> Email <input type="checkbox"/> FTP Site	<b>Remittance Report Format (from Employer to Vision):</b> <input type="checkbox"/> Paper <input type="checkbox"/> Excel	<b>Sent to FLA/ Vision via:</b> <input type="checkbox"/> Email <input type="checkbox"/> FTP Site
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<b>First Payroll Deduction Date:</b>	<b>First Bill Due Date:</b> <i>(First of the month following payroll deduction)</i>	<b>Requested Policy Effective Date:</b> <i>(Coverage is subject to underwriting approval)</i>	<b>Day of Week Deductions Are Taken:</b>
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**Agency Information (Please print)**

<b>Servicing Agent:</b>	<b>Mailing Address:</b>	<b>Email:</b>
		<b>Phone:</b>

**COMMISSION INFORMATION (Please print)**

	Agency Name OR Last Name/First Name	Agent #	Premium Share % must = 100%	Commission Rate	First Year Net Commission
Agent 1			% x	=	%
Agent 2			% x	=	%
Agent 3			% x	=	%
Agent 4			% x	=	%

**PRINTED NAME OF AGENT OF RECORD** **SIGNATURE** **DATE**

**LIST ENROLLERS NAMES AND FLA NUMBERS BELOW:**

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