



Enrollment Checklist for:
Consumers Life Insurance - GEORGIA
New Groups with 2-50 eligibles

EMPLOYER COMPLETES

- ❑ Employer/Group Enrollment Application (#X7170- 7/05)

- ❑ Deposit Premium – 1 mos. premium

- ❑ Consumers Life Insurance Group Contract – 2 originals

- ❑ Most recent filed quarterly wages/tax form or other tax documentation

- ❑ Or a signed Affidavit if the group has been in business less than one year and has never filed a tax return.

- ❑ Copy of current bill from prior carrier

*** Small but important notes**

- **Please use a black or blue ballpoint pen when completing enrollment forms. Do not use pencil.**
- **Do not use colored highlighters on documents – our imaging technology cannot “read” through these marks.**

- **Faxed forms are acceptable if legible, (except group contracts).**

EMPLOYEE COMPLETES

- ❑ Employee Application, Change form and Medical History Questionnaire
Up to 20 eligible (#X7162- 7/05),
20 + eligible (#X7161-7/05)

- ❑ Waiver: Employee completes if waiving coverage completely or is waiving an eligible dependent. Must be signed and dated by employee. Do not complete Medical Health Questionnaire page.

- ❑ Deductible Credit Carryover Form (#Z6087) Preferred at point of sale or within 30 days. A legible report from prior carrier of deductibles met is also preferred if available.

Check List:

- **Have all eligible employees return their signed and dated applications or waivers?**

- **Is the employer Application completed in full? (No blanks)**
- **Are dates of birth, hire dates and social security numbers all provided and legible?**

- **Deposit premium (1 mos. Estimate)**

- **Copy of sold proposal rates and census**
- **Quarterly Tax and Wage**
- **Life insurance beneficiaries designated**

Thank you,
Business Distribution Solutions

* All new enrollment info must be received at BDS by the 28th of the month proceeding effective date.