



GROUP INFORMATION

Group's Legal Name: _____

Street Address: _____ City: _____ State: _____

County: _____ Zip: _____

Contact name: _____ Title: _____

Email: _____ Phone Number: _____

Current Broker: _____

Please briefly indicate reason for request for proposal (why out to market):

Current Eligible employee definitions:

Class Definition	Number of Eligible Employees	Employer Paid or Voluntary	Waiting Period (example: 1 st of month following ____ days OR Date of Hire)

Does group participate in SDI (For groups in CA, NY, RI, HI, NJ, PR)? _____

Are there different eligibility rules for different types of employees? (IE, elected officials, all others, etc), if Yes, please list: _____

Do any classes offer Retiree benefits, if so please list (be as specific as possible): _____

If electing VOLUNTARY products, are dependents currently eligible if the employee does not elect? _____

If yes, Sun Life will grandfather current enrollees; future enrollees will require the employee to be enrolled in order to enroll dependents.

LIFE & DISABILITY PLAN INFORMATION

- Requested Effective date for coverage: _____
- Is group currently part of another pool or JPA? If so, please list name: _____

Please select products you are interested in receiving a quote for:

Select Products (Place "X")	Basic Life/AD&D	LTD	STD	Voluntary Life/AD&D	Voluntary STD	Voluntary LTD

Voluntary Plans only ~ Select enrollment type: TRUE OPEN ENROLLMENT _____ TAKE OVER AS/IS _____

Please note **True Open Enrollment** definition: **Life:** All employees offered coverage up to GI. **Disability:** All employees not subject to Pre-existing limitations.

LIFE & DISABILITY PLAN ~ REQUIRED DATA CHECKLIST

Please allow **10-14 business days** for proposal delivery once all of the information below has been submitted.

On your census list

✓	Employee ID (Employee #, SSN, Etc)	• Census should be submitted in Excel
✓	Date of Birth	
✓	Gender	
✓	Salary	
✓	Job Titles / Occupation	
✓	Class Designation (if applicable)	
✓	Current Life Coverage Amounts	

Plan Information

✓	Current Carrier Booklet: (MUST BE PROVIDED IN AN ELECTRONIC/SEARCHABLE FORMAT / NO SCANS OF PHOTOCOPIES)	• Please note any special or custom benefits
✓	Benefit Summary	
✓	Summary/Amendment for Any Plan Changes in Past Year	

Plan Data

✓	Prior Carrier Bill / Premium Statement (optional for proposal)
✓	Current Rates
✓	Most Recent Renewal Letter (optional for proposal)

Claims Experience (mandatory for groups 500+ STD / 1,000+ LTD)

✓	Monthly Paid Claims (36 consecutive months)
✓	On-going disability claims status
✓	Premium of waiver status

NOTES:

- Only Groups of 25 or fewer employees will qualify for e-bills, please ensure that all groups that are 26+ are aware that they will be required to do SELF BILLING ADMINISTRATION.
- Our goal is to match your requested plan designs as closely as possible; however, we cannot guarantee a 100% match to your requested plan designs. Some differences may be found through the implementation process, and we will make every attempt to notify you as soon as possible with potential impacts and solutions.

PLEASE RETURN THIS FORM TO:

Michelle Kangiszer, Programs Account Executive
Alliant Insurance Services
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