

# SOLD CASE CHECK LIST

## EMPLOYERS CHOICE HEALTH PLAN

GROUP NAME \_\_\_\_\_

EFFECTIVE DATE \_\_\_\_\_

**ITEMS BELOW NEED TO BE SUBMITTED FOR UNDERWRITING:**

1.  EMPLOYEE ENROLLMENT FORMS INCLUDING DEPENDENT WAIVER(S) ON THE LAST PAGE
2.  EMPLOYER GROUP APPLICATION
3.  WAGE & TAX REPORT
4.  COPY OF GROUP QUOTE

**ITEMS BELOW NEED TO BE SUBMITTED AFTER UNDERWRITING:**

5.  CHECK
6.  APPROVAL LETTER / NOTICE OF ACCEPTANCE
7.  CURRENT INSURANCE BILL WITH ORIGINAL EFFECTIVE DATES
8.  TPA AGREEMENT
9.  PAN-AM APPLICATION FOR STOP LOSS COVERAGE (TREATY)
10.  PAN-AM APPLICATION FOR LIFE INSURANCE
11.  SIGNED ACCEPTANCE OF PLAN DOCUMENT AND SUMMARY PLAN DESCRIPTION

**ADDITIONAL ITEMS NEEDED IF FIRST SUBMISSION BY WRITING AGENT:**

12.  AGENT DATA CARD
13.  AGENT LICENSE
14.  AGENT E&O POLICY
15.  AGENT W-9
16.  BROKER AGREEMENT
17.  PAN-AM AGENT APPLICATION