



## NEW GROUP CHECK LIST (to be completed by the selling plan advisor)

COMPANY NAME: \_\_\_\_\_

**FORMS:** The following requirements must be met in order for us to start generating invoices, booklets and commissions:

- Benepac® Master Application**– completed and signed by the plan advisor, policyholder and witness;
- Binder Cheque** – payable to BBD and dated no later than the effective date of the plan (booklets and ID cards will not be issued until the cheque is cashed);
- Pre-Authorized Payment Plan form** (payments will be deducted on the 1<sup>st</sup> of the month);
- Group Insurance Enrollment form** – to be completed by each eligible employee.
  - Please note: an employee wishing to waive EHC and/or Dental due to spousal coverage must complete and sign the Partial Waiver section of the form.
  - Are there any enrollment forms still outstanding? \_\_\_\_\_ If yes, when can we expect to receive the balance? \_\_\_\_\_
- Health Evidence form** – required for employees wishing to apply for amounts over the quoted non-evidence maximum, or if applying for coverage over the eligible grandfathered amount.
- Agent Notice of Authorization** – required to be completed by the policyholder and witness if the plan advisor wishes to access ‘employee level’ information on BBD Online.

If this is your first sale with us, please also include the following:

- **Associates Agreement**
- Copy of individual (and corporate, if applicable) life license(s)
- Proof of E&O insurance
- Void cheque for the account in which commissions are to be paid

**TAKEOVER BUSINESS:** Please do not cancel current coverage until we confirm that we are able to approve coverage as requested. Please include the following:

- Deductibles listing** – if a group has a deductible on the plan, please provide us with a list of employees who have satisfied the deductible for the current year;
- Copy of Prior Billing Statement** – showing employees’ names and coverage amounts, for the purpose of grandfathering;

**Grandfathering Limits Based on Number of Employees Participating**

<b>3 – 14 Employees</b>	Life Maximum \$300,000	LTD Maximum \$5,000
<b>15 – 30 Employees</b>	Life Maximum \$400,000	LTD Maximum \$6,500
<b>30 + Employees</b>	Life Maximum \$500,000	LTD Maximum \$7,000

*\*The NEM will be calculated based on the average volume at time of sale, and may be adjusted by changes in salary and group size.*

- Copy of Prior Plan** – showing benefit schedule and pre-existing condition clause, for continuity of coverage;
- Final Plan Design** – please include a copy of the proposal outlining the sold plan design;

**COMMISSION:** Please confirm applicable payee(s) for this sale and whether commissions should be paid per month or annualized for the first year (*annualized commissions require a minimum of 3 sales with BBD*): \_\_\_\_\_

**BOOKLETS:** Please confirm plan advisor’s name and address to be reflected on the booklets: \_\_\_\_\_

**DELIVERY OF THE ADMINISTRATION KIT:** Please indicate who should receive this e-mail attachment

- Plan Advisor
- Plan Administrator (copying the Plan Advisor)