

# Flex Shield

## Sold Case Form

### GROUP PROFILE

Print or Type

Legal Name of Employer \_\_\_\_\_

Requested Enrollment Period (start) \_\_\_\_\_ (end) \_\_\_\_\_

Requested Effective Date of Coverage \_\_\_\_\_ IRS Reporting Number \_\_\_\_\_

Street Address \_\_\_\_\_ P.O. Box (If Applicable) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Phone Number \_\_\_\_\_ Nature of Business \_\_\_\_\_ SIC \_\_\_\_\_

Business Type  Corporation  Association  Partnership  Sole Proprietorship  Other \_\_\_\_\_

Other Locations or Affiliated Companies/Subsidiaries to be Included  No  Yes, list name(s) and location(s)  
\_\_\_\_\_  
\_\_\_\_\_

Main Contact \_\_\_\_\_ Title \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_ E-Mail \_\_\_\_\_

### ELIGIBILITY

Number of Eligible Employees \_\_\_\_\_ Number of Enrolled Employees \_\_\_\_\_

Domestic Partner Coverage  Yes  No

Dependents Coverage  Yes  No Age Limit  To age 19, students to age 23  Other \_\_\_\_\_

### Type of Funding

True Group (Minimum 50% Employer contribution and 75% employee participation requirement or 10 lives, whichever is greater)

Non-Contributory (100% Employer Paid and 100% employee participation)

Voluntary Group (Employee Paid and at least 20% participation requirement)

### Eligibility Waiting Period

New Employees  First day of month coinciding with or following \_\_\_\_\_ days of employment.

Other \_\_\_\_\_

Present Employees  All are eligible immediately, regardless of length of service.

Only those who have satisfied the waiting period are eligible. (Provide hire dates.)

### Eligibility Hours Worked Per Week

Full time employees working 30 or more hours  Other \_\_\_\_\_

### RATES

EE Only \$ \_\_\_\_\_ EE + 1 (Spouse OR Child) \$ \_\_\_\_\_ EE + Family (Spouse AND Child(ren)) \$ \_\_\_\_\_

Rate Guarantee  24 months  Other \_\_\_\_\_ Commission \_\_\_\_\_ %

(continued on back)



## ADMINISTRATIVE

Will this insurance replace similar coverage?  No  Yes (Show the name of carrier and dates of coverage)

Carrier \_\_\_\_\_ Effective Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Termination Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## ENROLLMENT AND BILLING INFORMATION

Paper  Web  Phone  Laptop (face-to-face)

Billing Delivery Method  Web (preferred)  Paper  Automated (contact us for details)

Billing Option

Payroll Frequency Equals Remittance Frequency

Please select one:  Bill 52 times per year/Pay 52 times per year  26 bill/12 remit  24 bill/12 remit  12 bill/12 remit

Payroll Frequency Does Not Equal Remittance Frequency

Please select one:  Bill 52 times per year/Pay 12 times per year  26 bill/26 remit  24 bill/24 remit  12 bill/12 remit

Bill Monthly On The First Of The Month

## Refunds

Credit Next Bill  Check to Employer (post-tax plans only)

## Membership Maintenance

Manual  Tape  Electronic Transfer (For Tape or Electronic Transfer Attach Format or indicate IS Contact Person below)

Please Provide an Eligibility and Billing Service Contact Person

Eligibility Contact \_\_\_\_\_ Title \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_ E-Mail \_\_\_\_\_

Billing Contact \_\_\_\_\_ Title \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_ E-Mail \_\_\_\_\_

Deliver Administration Package to  Group  Broker  AIG Representative

## THE EMPLOYER UNDERSTANDS AND AGREES

- The requested insurance will not become effective unless National Union Fire Insurance Company of Pittsburgh, Pa., or AIG Life Insurance Company receives and approves the enrollment form.
- Being actively at work is a requirement for coverage.
- No waiver or change will bind National Union Fire Insurance Company of Pittsburgh, Pa., or AIG Life Insurance Company unless signed by our officer.

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Name and Title (Print) \_\_\_\_\_

AIG Representative \_\_\_\_\_ Region/Branch Code \_\_\_\_\_

## AGENT INFORMATION

Company \_\_\_\_\_ Representative \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone Number \_\_\_\_\_

IRS Reporting Number \_\_\_\_\_ Dept. of Insurance License Number \_\_\_\_\_

## To be completed by AIG Underwriting

Policy Number	Effective Date	U/W Approval <input type="checkbox"/> Yes <input type="checkbox"/> No	AIG Producer Code
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