



Combined Services LLC

EMPLOYEE BENEFITS

WWW.COMBINEDSERVICES.COM

New Business Checklist

GROUP LIFE, AD&D, DEPENDENT LIFE, SUPPLEMENTAL LIFE, SHORT & LONG TERM DISABILITY

- Employer Application
- Copy of valid/unexpired proposal
- Enrollment Form for each eligible employee (signed and dated)
For self-administered cases, a list of enrolled employees including name, gender, SS #, D.O.B., D.O.H., salary, salary mode, class and occupation is acceptable.
- Evidence of Insurability Forms (2 pages), if applicable
- List of employees not actively at work, reason, expected date of return, and insurance volume
- Copy of prior carrier's booklet for LTD cases
- W-2 Agreement (STD and/or LTD)
- Binder check of first month's projected premium made payable to the insurance company. (optional)
- Benefits Manager Registration Form
- Producer Commission/Appointment paperwork if first time Producer

GROUP AND VOLUNTARY DENTAL

- Employer Application
- Copy of valid/unexpired proposal
- Enrollment Form for each eligible employee (signed and dated)
- Copy of prior carrier's booklet
- Zip code of each employer location
- Binder check of first month's projected premium made payable to the insurance company
- Producer Commission/Appointment paperwork if first time Producer

AVESIS VISION PROGRAM

- Group Application and Client Profile
- Copy of valid/unexpired proposal
- Enrollment Form for each eligible employee (signed and dated)
- Binder check of first month's projected premium made payable to: AVESIS
- Producer Commission/Appointment paperwork if first time Producer

VOLUNTARY LIFE, AD&D, SHORT & LONG TERM DISABILITY

- Employer Application
- Copy of valid/unexpired proposal
- Enrollment Form for each eligible employee (signed and dated)
- Evidence of insurability forms (2 pages), if applicable
- Waiver Forms, if required
- Copy of prior carrier's booklet for STD and LTD cases
- W-2 Agreement (STD and/or LTD)
- Benefits Manager Registration Form
- Producer Commission/Appointment paperwork if first time Producer

WORKSITE MARKETED PAYROLL LIFE

- Employer Application
- Enrollment Form for each eligible employee (signed and dated)
- Waiver Forms, if required
- Payroll authorizations

INDIVIDUAL LIFE AND DISABILITY INCOME

- Application and copy of illustration
- HIV Consent Form
- Copy of W-2 earnings (Individual Disability)
- Deposit check made payable to insurance company
- Additional forms as requested by state (check with Combined Services LLC representative)

HOME OFFICE:

15 North Main Street, Ste 300 Phone: 1 603 227-2000
Concord, NH 03301-4945 Fax: 1 603 224-4256

REGIONAL OFFICE:

SOUTHERN NEW ENGLAND

140 Wood Road, Ste 304 Phone: 1 781 848-9966
Braintree, MA 02184-2508 Fax: 1 781 848-8554

Note: Call Combined Services LLC for appointment paperwork when submitting first case with each carrier.
Refer to carrier website(s) for most recent version of enrollment materials.

