



New Business Checklist

Basic Life, AD&D, Dependent Life, Supplemental Life, Short & Long Term Disability

- Employer Application / Group Transmittal or Producer Transmittal
- Copy of valid/unexpired proposal
- Enrollment Form for each eligible employee (signed and dated)
For self-administered cases, please email an Excel file of enrolled employees including name, gender, social security number, date of birth, date of hire, salary, salary mode, class and occupation is acceptable.
- Completed Evidence of Insurability Forms, 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 Fort Dearborn Life
- Benefits Manager Registration Form
- Producer Commission/Appointment paperwork if first time Producer
- If Takeover/Matching program, contact Sales Rep for details

Basic & 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 Fort Dearborn Life
- 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)
- Completed Evidence of insurability forms, 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
- If Takeover/Matching program, contact Sales Rep for details

*Refer to Fort Dearborn's website:
www.fdl-life.com
for the most recent versions of
enrollment materials.*

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