

**Employer Name & Address**

**Producer/Representative Name & Address**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employer Contact: \_\_\_\_\_

Broker Contact: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Send Proposal To: \_\_\_\_\_

Coverage Requested	Contribution	Plan Design	Classes Covered	Current Rate/ Carrier	Comments
Life/AD&D: <small>Census Required</small>					
STD: <small>Census Required</small>					
LTD (Include Current Cert.): <small>Census Required</small>					
Voluntary Life/AD&D:					
Voluntary STD: <small>Census Required if 50+ Eligible Employees</small>					
Voluntary LTD: <small>Census Required if 50+ Eligible Employees</small>					
Dental: <small>Census Required if 100+ Eligible Employees</small>					
Vision: <small>Census Required if 10+ Eligible Employees</small>					
FSA Administration:					
HRA Administration:					
COBRA Compliance Administration:					
Permanent Life:					
Critical Illness:					
Hospital Indemnity:					
Cancer:					

Please Note: Experience needed for groups over 400 lives for Life insurance, 300 lives for LTD and 100 lives for STD.

Nature of Business, SIC Code: \_\_\_\_\_ Years in Business: \_\_\_\_\_

Zip Code(s) of Additional Location(s): \_\_\_\_\_

Number of eligible employees: \_\_\_\_\_ Requested effective date: \_\_\_\_\_

**CSLLC Requires Employer Census information including Name, Sex, DOB, Salary, Hrs. Worked, Pay Periods, Salary Mode, Occupation and in some cases Participation type. If you do not already have a completed census with this information, please download our excel template at [www.combinedservices.com](http://www.combinedservices.com).**