

Assurity at Work

Date _____

Guarantee to Issue Worksheet

Take Over _____

1. Agent _____ Agent Phone # _____ RD _____
2. Name of Group _____
3. # of years in business _____ Nature of business or SIC _____ Turnover <35%? _____
4. Total # of Employees _____ Full Time _____ Part Time _____
5. Existing coverage in force _____
6. Employees all in one location? _____
If not how many locations and where? _____
7. Are employees eligible for sick leave? _____ How much? _____
8. Is this a Section 125 case? _____ If yes, is DI in the plan? _____
9. Is the employer contributing to the premium? _____ If yes, how much _____
10. How will the case be enrolled? _____
11. Will this coverage replace any existing coverage? _____
12. Does employer have Worker's Comp? _____
13. Estimated participation percent? _____
14. Will new employees be eligible throughout the year? _____
Or at Annual enrollment only? _____ Other: _____
15. Employees eligible for benefits after _____ days.
16. Number of hours considered full time employee? _____
17. What are you looking for? 24 hour DI (D112) Off the job only (D113)
Elim Period _____ Benefit (2 year max for GTI) _____ Benefit Amount _____
 10 Year Term \$ _____
 HI _____
 Accident Expense _____
18. Coverage for Employee only Employee and spouse Employee and child Family
19. Enrollment Date _____ Effective date of coverage _____

If GTI is approved and applicant wants more GTI they will be underwritten for the amount above the GTI limit.