LifeMap Assurance Company®
P.O. Box 1271, MS E-8L
Portland, OR 97207-1271
(800) 794-5390

Group Insurance Implementation Worksheet, 2 - 9

POLICYHOLDER INFORMATION

Name of Policyholder____

Employer IRS Identification Number (EIN)____

Group Administrator: this will be the Main Group Contact for Claims and FICA Plan Administration, etc.

Name & Title		
Phone Number	Fax Number	Email
Mailing Address (Street, City, State and Zip), if different than the Group Insurance Employer Application		

BILLING INFORMATION

Billing Contact ☐ Same as above

Name & Title		
Phone Number	Fax Number	Email
Mailing Address (Street, City, State and Zip)		

Billing Type: We will provide you with a single bill, sorted alphabetically.

Preferred Payment Method: ☐ Paper Check ☐ Online Payment

COBRA ADMINISTRATION INFORMATION (Dental and Vision Only)

Is your mini-COBRA eligible (UT only) ☐ Yes ☐ No

Is your group COBRA eligible? ☐ Yes ☐ No

Is your group CAL-COBRA eligible (CA only) ☐ Yes ☐ No

Cobra Contact ☐ Same as Group Administrator ☐ Same as Billing Contact

Name & Title		
Phone Number	Fax Number	Email
Mailing Address (Street, City, State and Zip)		

ELIGIBILITY INFORMATION

Actively at Work means the employee is:

- working for the employer on a regular basis for at least the minimum hours stated in the class description below; and
- receiving regular earnings from the employer.

Will all employees being enrolled be Actively at Work on the effective date of the policy? ☐ Yes ☐ No*

***If no,** please provide a list of employees not Actively at Work on the effective date and their expected date of return.

Unless approved by underwriting, employees not Actively at Work on the effective date will not be enrolled until they return to Actively at Work status.

Class Description, Eligibility and Earnings Information

Class Description All full-time active Employees working a minimum of ________hours per week

Eligibility Waiting Period

Present Employees ☐ None ☐ Same as Future Employees

Future Employees ☐ First of the month following or coinciding with (30/60/90) _________ days of active employment

Earnings Definition

Current Calendar Year (Includes commissions averaged over 12 months)

Owners, Partners and Shareholders

Do your STD or LTD plans cover any owners, partners or shareholders?

☐ No ☐ Yes*, for the following coverages: ☐ STD ☐ LTD

* Please identify Owners, Partners or Shareholders on the Enrollment Census

Excluded Classes

The policy excludes retirees, temporary, seasonal, part-time, contract employees and employees working less than the minimum hours required for eligibility (unless otherwise indicated and approved by LifeMap).

Provisions to Waive or Reduce the Eligibility Waiting Period

The Policy contains the following provisions to waive or reduce the eligibility waiting period

Rehire Provision (An employee rehired within 6 months may apply the period of prior employment to their eligibility waiting period.)

Reenrolling after Layoff (An employee returning from a layoff within 6 months may apply a prior period of employment to the eligibility waiting period.)

Would you also like to include the following provision to waive or reduce the eligibility waiting period?

Credit for Time Employed (An employee who moves to an eligible class may use time employed in an ineligible class to satisfy their eligibility waiting period.)

☐ Yes, employees may use time employed in an ineligible class toward their eligibility waiting period.

☐ No, employees will begin serving their eligibility waiting period upon entering an eligible class.

Domestic Partners

All state certified/registered domestic partners will be eligible for coverage.

Would you also like non-state certified/registered domestic partners to be eligible for coverage?

☐ Yes, same and opposite sex domestic partners ☐ Yes, same sex domestic partners only (not available in Idaho)

☐ No. Non-state certified/registered domestic partners will not be eligible for coverage

POLICYHOLDER PREMIUM CONTRIBUTIONS

Complete the section below indicating how premiums will be funded.
The funding method for disability, critical illness and accident coverages will affect the taxation of the employee's benefit payment.

Coverage	# of Eligible Employees	# of Enrolled Employees	Employer Contribution %	Employee Contribution %	Employee Contribution Pre-Tax or Post-Tax
Life & AD&D	________	________	________%	________%	N/A
Dependent Life	________	________	________%	________%	N/A
STD	________	________	________%	________%	☐ Post-Tax ☐ Pre-Tax
LTD	________	________	________%	________%	☐ Post-Tax ☐ Pre-Tax
Dental - Employee	________	________	________%	________%	N/A
Dental - Dependent	N/A	N/A	________%	________%	N/A
Vision - Employee	________	________	________%	________%	N/A
Vision - Dependent	N/A	N/A	________%	________%	N/A

STATUTORY DISABILITY COVERAGE

The states listed below require statutory disability coverage. **LifeMap is not a statutory disability carrier.**

If you have elected disability coverage from LifeMap, please indicate if you have employees who will be covered by a in one or more of the following states and whether they are eligible to receive statutory disability benefits.

Do you have Employees in any of the following States?	Eligible to receive statutory disability benefits?	Do you have Employees in any of the following States?	Eligible to receive statutory disability benefits?
☐ California	☐ Yes ☐ No	☐ New York	☐ Yes ☐ No
☐ Hawaii	☐ Yes ☐ No	☐ Rhode Island	☐ Yes ☐ No
☐ New Jersey	☐ Yes ☐ No		

RENEWALS – ADVANCE NOTICE

Renewal notices will be provided 60 days prior to the date of renewal.

POLICYHOLDER CONFIRMATION

I confirm that I have reviewed and completed all appropriate sections of the Group Insurance Implementation Worksheet.

Policyholder Name: ____

____
Printed Name and Title of Authorized Company Representative

____ ____________________
Signature of Authorized Company Representative Date