



SLOANS LAKE
PREFERRED HEALTH NETWORKS

New Business Transmittal

Name of Company:

Billing Address:

Coverage Effective Date (must be 1st of month):

Requested Waiting Period 30 Days 60 Days
For New Employees: 90 Days Other _____ Days

Will Group be paying in arrears? Yes No

Who is paying the premium? Employee Employer
Cash with apps: Total \$ _____ or Bill 1st month premium

“Takeover” sold on the dental plan? Yes No
(Include a copy of the flyer or quote for the plan and rates sold)

How many COBRA participants are to be covered, if any? _____
(Include name, social security #s & COBRA effective date on a separate sheet)

I sold the following plan(s) & rates: (Please check the plans and write in the rates sold) **Area Rating:** _____

DENTAL PLANS AND OPTIONS:

- With Orthodontia Without Orthodontia Waive Missing Tooth Clause Increase Benefit Year Maximums
 Edge Plus Plan A Edge Plus Plan B Basic Plus Unique Edge Plan A Unique Edge Plan B Immediate Edge

Rates Sold: Employee Only: \$ _____ Employee & 1 Dependent: \$ _____ Employee & Family: \$ _____

VISION: (Please check the plan and rates sold below)

- Plan A Stand-Alone Employee Only: \$14.68 Employee & 1 Dep.: \$20.28 Employee & Family: \$35.86
 Packaged w/ Dental Employee Only: \$12.03 Employee & 1 Dep.: \$17.11 Employee & Family: \$30.25
 Plan B Stand-Alone Employee Only: \$10.09 Employee & 1 Dep.: \$13.91 Employee & Family: \$24.63
 Packaged w/ Dental Employee Only: \$8.25 Employee & 1 Dep.: \$11.74 Employee & Family: \$20.74

Send all enrollment material to:
Brokers National Life Assurance Company, P.O. Box 92529, Austin, Texas 78709-2529

Notes:

Writing Agent Information (Please Print)

Writing Agent: _____ **BNL Agent #:** _____ **Date:** _____

Address:

Street Address: _____ **City:** _____ **State:** _____ **Zip Code:** _____

Phone Number: _____ **Fax Number:** _____ **E-Mail:** _____

Splitting Agent #: _____ **Commission %:** _____ **BNL Agent #:** _____ **Commission %:** _____

Group New Business Guidelines

DENTAL: (ONLY 3 ENROLLEES REQUIRED)

Submitting a group **without** “takeover.”

1. Completed Group Master Application signed by an officer of company and the writing agent.
2. This form completed and signed by the writing agent and initialed by the group client where indicated.
3. An enrollment card completed and signed by each person enrolling.
4. A check for the 1st month premium (if possible).
5. Effective dates are the 1st of each month.

When submitting a group with “takeover” benefits, you need all of the above PLUS

1. A copy of the prior month billing statement from the previous carrier.
2. The original effective date with the prior carrier for EACH employee eligible for “takeover” benefits.
3. A copy of the flyer or quote for the plan sold.

A new employee that is added to the plan after the group’s takeover date will start with first year benefits.

Unique Edge Plan: Include a copy of the group’s most recent Quarterly Wage & Tax Report to verify eligibility & participation.

DENTAL “TAKEOVER” DEFINITION & GUIDELINES

A Voluntary takeover requires a minimum of 15 enrollees. A “true group” takeover requires a minimum of 25 enrollees and credits only time covered under that employer’s dental plan that immediately preceded BNL’s effective date. The waiting periods will be reduced by the number of months the employee was covered by that carrier. It does not provide “no loss/no gain” benefits from the immediate prior carrier nor does it waive any contractual exclusions. The group’s enrollment cannot be processed until all requirements are received.

VISION:

A Master Application is NOT required for Vision coverage.

Of the two Vision plans available, offer only one plan to the employees of a group. The plans can be sold “voluntary stand-alone” or “packaged with dental” or both.

If sold “stand-alone,” only 3 enrollees are required to enroll on a group plan.

If sold packaged with Dental you need a minimum of 3 dental enrollees but no minimum is required for Vision.

Vision can be sold on an individual basis providing that the enrollee pays annually.

Each plan has two sets of rates.

If packaged with Dental, separate Vision enrollment cards are not needed. Just indicate on the front of this form which, if any, vision plan and rates were sold.

GENERAL INFORMATION:

1. When submitting the group enrollment, please include a copy of the “flat sheet” or quote that applies to the plan(s) sold.
2. If there is anything different or unusual about how the “sold” group should be set up, be sure to explain in the “notes” section on the front of this form.
3. If two or more products are sold (ex: dental & vision) the \$10 billing fee will be waived.
4. If the group enrolls in on-line billing the \$10 billing fee will be waived.