



Case Submission Coversheet
For Agent Use

Group Name: _____

Affiliation/Association Name: _____

New Group Plan Change

Plan Type: High Medium Low Basic

Desired Effective Date: _____

<p>Previous TRUDENT Coverage:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

CAI Firm #: _____

Affiliation Code: _____

SA/GA Code: _____

Commission Split: _____

Plan Tier: 2 4

	Yes	No	N/A		Yes	No	N/A
<u>Broker Cover Sheet</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Existing Broker</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Signed/Dated</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Current License (New Broker)</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>GA/SA Information</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>License Expire Date</u>	_____		
<u>Tax Documentation</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Broker/Agent: _____			
<u>Small Group Application</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Agency: _____			
<u>Enrollment Forms</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Address: _____			
<u>SS#, DOB, Address</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	City: _____ St: _____ Zip: _____			
<u>Confirm Effective Date</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Phone: _____ Fax: _____			
<u>Authorized Signatures</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<u>Group Name & Address</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

OFFICE USE ONLY:

DATE RECEIVED		<p>Approved/Denied - Reason, Date & Signature:</p> <p>Hereby stating case has been reviewed and all documentation is compliant with United Concordia's Participation/ Underwriting guidelines.</p> <p>Underwriter: _____</p> <p>Signature: _____ Date: _____</p>
DATE GIVEN TO 2ND STEP D/E		
<p>APPROVED EFFECTIVE DATE: _____</p> <p>NOTES: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>		

Return All Enrollment Materials to:
 ELITE PROGRAMS, INC.
 180 East Main Street, Suite 205
 Patchogue, NY 11772
 Attn: Underwriting