



Insurance for every step of life.

LifeMap Assurance Company®
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Group Insurance Implementation Worksheet for 2 – 25 lives

POLICYHOLDER INFORMATION	
Name of Group/Policyholder _____	
DBA Name (if applicable) _____	
Employer IRS Identification Number(EIN) _____	
GROUP ADMINISTRATOR (this will be the Main Group Contact for Claims, FICA Plan Administration etc.)	
Name & Title	
Phone Number	Email
Mailing Address (Street, City, State and Zip), if different than the Group Insurance Employer Application	
BILLING ADMINISTRATION INFORMATION	
Billing Contact <input type="checkbox"/> Same as above	
Name & Title	
Phone Number	Email
Mailing Address (Street, City, State and Zip)	
COBRA ADMINISTRATION INFORMATION (Dental and Vision Only)	
Is your group COBRA eligible? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is your group mini-COBRA eligible (UT only) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is your group CAL-COBRA eligible (CA only) <input type="checkbox"/> Yes <input type="checkbox"/> No	
COBRA Contact <input type="checkbox"/> Same as Main Group Contact <input type="checkbox"/> Same as Billing Contact	
COBRA Invoice Mailing <input type="checkbox"/> Same as Main Group Address <input type="checkbox"/> Same as Billing Address <input type="checkbox"/> Same as Below Address	
Company Name/Third Party Administrator	Authorized Representative Name and Title
Phone Number	Email
Mailing Address (Street, City, State and Zip)	
ELIGIBILITY INFORMATION (Actively at Work, Class Description, Eligibility and Earnings)	
<p>Actively at Work means the employee is:</p> <ul style="list-style-type: none"> 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. <p>Will all employees being enrolled be Actively at Work on the effective date of the policy? <input type="checkbox"/> Yes <input type="checkbox"/> No*</p> <p>*If no, please provide a list of employees not Actively at Work on the effective date and their expected date of return.</p> <p>Unless approved by LifeMap, employees not Actively at Work on the effective date will not be enrolled until they return to Actively at Work status.</p>	

ELIGIBILITY INFORMATION (continued)

Class 1 Description All full-time active Employees working a minimum of _____ hours per week
OR _____ 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 _____ days of active employment

*None waives the waiting period for eligible employees on the Group's initial effective date.

Earnings Definition

The Earnings Definition for your policy(ies) will be based on the final proposal issued for your Group Insurance coverage.

NOTE: Please review your LifeMap proposal to confirm accurate earnings definition.

Other Earnings definition is required (provide documented details) _____

Additional classes are only allowed for Owners, Partners or Shareholders when disability coverage is purchased

Class 2 Description All full-time active Employees working a minimum of _____ hours per week
OR _____ 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 _____ days of active employment

*None waives the waiting period for eligible employees on the Group's initial effective date.

Earnings Definition

The Earnings Definition for your policy(ies) will be based on the final proposal issued for your Group Insurance coverage.

NOTE: Please review your LifeMap proposal to confirm accurate earnings definition.

Other Earnings definition is required (provide documented details) _____

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).

Also exclude the following: _____

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.)

DOMESTIC PARTNERS (must be completed for all coverages)

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 and/or be considered an eligible surviving relative?

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

DISABLED DEPENDENT CHILD OVER AGE 26

Do you have disabled dependent children over age 26 that are currently covered or will be covered?

No Yes* *If yes; please download the "Affidavit of Qualified Disabled Dependent" form from our website: LifeMapCo.com for completion and submission to our office

TAKEOVER LIFE and/or DISABILITY COVERAGE (provide the information below)

Are there any current disabled employees? Yes* No

Does the current policy have waiver of premium and terminal liability for total disabilities that begin while the coverage is in force?
 Yes No*

*If the current carrier does not offer waiver of premium and terminal liability for disabilities, including disabled members that have not completed a six month period of total disability, then provide the following information for all employees currently on disability on a separate page:

Employee Name, Face Amount (monthly salary for disability), Gender, Date of Birth, Diagnosis and Date of Disability Unless approved by LifeMap, employees not Actively at Work on the effective date will not be enrolled until they return to Actively at Work status.

POLICYHOLDER PREMIUM CONTRIBUTIONS

Complete the section below indicating how premiums will be funded.

The funding method for disability coverages will affect the taxation of the employee's benefit payment. Pre-tax contributions will result in a taxable disability benefit.

Coverage	Employer Contribution %	Employee Contribution %	Employee Contribution Pre-Tax or Post-Tax
Life & AD&D	100%	0%	Post-Tax
Dependent Life	100%	0%	Post-Tax
Voluntary Life & AD&D	0%	100%	Post-Tax
STD	100%	0%	<input type="checkbox"/> Post-Tax <input type="checkbox"/> Pre-Tax
LTD	100%	0%	<input type="checkbox"/> Post-Tax <input type="checkbox"/> Pre-Tax
Dental - Employee	_____%	_____%	Post-Tax
Dental - Dependent	_____%	_____%	Post-Tax
Vision - Employee	_____%	_____%	Post-Tax
Vision - Dependent	_____%	_____%	Post-Tax

Does premium contribution differ by class? No Yes*

*If yes, please attach an additional sheet showing additional classes and premium contribution details.

STATUTORY DISABILITY COVERAGE

The states listed below require statutory disability coverage.

If you have elected disability coverage from LifeMap, please indicate if you have employees who will be covered 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?	Are Employees eligible for statutory disability benefits?	Do you have Employees in any of the following States?	Are Employees eligible for statutory disability benefits?
<input type="checkbox"/> California	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> New York	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Hawaii	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Rhode Island	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> New Jersey	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Puerto Rico	<input type="checkbox"/> Yes <input type="checkbox"/> No

LifeMap is not a statutory disability carrier. If you are interested in statutory disability coverage for your employees who work in other states, please ask your LifeMap Sales Representative about coverage options.

EMPLOYEE COUNT (Washington Situs Group Dental and Vision only)

Washington groups electing Dental and/or Vision coverage please note:

Our Proposal is based on group specific information provided within the Request For Proposal (RFP). We are required to record the average number of employees who were on your group's payroll and those individuals that were employed by an affiliated company during the previous calendar year (January – December). If your group was not in business during the previous calendar year you would enter the group size based on the current calendar year.

This count should include full-time, part-time, seasonal and union employees that work inside or outside the state of Washington and employees worldwide from any affiliated company. Include business owners, corporate officers and partners if they are also employees. Do not include contracted 1099 individuals.

Enter the employee count information below:

Average number of employees was: _____	This number represents January – December of: _____
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- For groups with 2-25 eligible lives indicated in the RFP, should the average employee count above exceed 50 lives, we reserve the right to reevaluate the case.

POLICYHOLDER CONFIRMATION

I confirm that I have read and completed all appropriate sections of the Group Insurance Implementation Worksheet. My LifeMap policy(ies) will be issued based on the proposal(s) and the information provided on this form.

Group/Policyholder Name

Printed Name and Title of Authorized Company Representative

Signature of Authorized Company Representative

Date