Group Underwriting Request

Please complete all required fields and include the required documents below.

Company Name:

Company Address:

Current Carrier Name:

Company Contribution $ Amount:

Broker Partner Name:

Broker Partner Phone Number:

Client Status: ☐ **Current Client** ☐ **Prospect**

Required Documents Checklist

- ☐ **Most recent medical renewal**
- ☐ **Completed census of all full-time eligible enrolled (including dependents) and waived employees**

Important:
If any required information or documentation is missing, the group will not be considered for underwriting.

Submitted By: Date: