

# CASE ENROLLMENT FORM

## FOR NEW CASES, RE-ENROLLMENTS & GUARANTEE ISSUE



909 North Washington Street, Alexandria, VA 2231 ▪ 1-800-776-2322 ▪ www.5starlifeinsurance.com

**New Case**     **Re-Enrollment**    **MGA:** \_\_\_\_\_

Regional Marketing Director: \_\_\_\_\_

Account Manager: \_\_\_\_\_

**Questions? Please contact:**

Mandy Coulter at 703-884-2104, Michelle Carney at 703-299-5798, or Lisa Wilson at 571-483-8386

### GENERAL INFORMATION

Employer/Group Name: \_\_\_\_\_

"Other", give details: \_\_\_\_\_

Employer/Group Address: \_\_\_\_\_

Nature of Business/SIC Code: \_\_\_\_\_ Tax ID: \_\_\_\_\_

Total Number of Eligible Lives: \_\_\_\_\_     Employer     Association     Union

Billing Contact: \_\_\_\_\_

Employer Billing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

### BILLING INFORMATION

**Employer Paid Voluntary Product**  
(If different from Requested Effective date)

Enrollment Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Requested Effective Date: \_\_\_\_\_ First Bill Date: \_\_\_\_\_ First Deduction Date: \_\_\_\_\_

Are multiple billing locations needed:  Yes     No    If yes, give details: \_\_\_\_\_

Will employer pay any part of the premium?  Yes     No

Policies/Certificates sent to:  Insured     Employer     Broker

How many payroll deductions will be made annually for voluntary benefits?     N/A Employer paid coverage

52     48     26     24     12     Other    If "Other", give details: \_\_\_\_\_

How often will the group be billed?     13 (recommended for 26 deductions)     12     Other

If "Other", give details: \_\_\_\_\_

Current Employee Benefit waiting period (benefit waiting period) for core and other:  
(Must choose one)     30 Days     60 Days     90 Days

## BILLING INFORMATION (CONT'D)

Who will deliver deduction information to the employer?

Broker     Enrollment Company     5Star Life Insurance Company

Who will do the billing?

5Star Life Insurance Company     TPA     Other: \_\_\_\_\_  
(If TPA - Vendor Agreement Form is required)

How will this case be billed?     Bill Current     Bill Arrears

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## ENROLLMENT INFORMATION

Enrollment Method:  Paper     Electronic     List Enrollment

If enrolling electronically, what software?  5Star Enroll     Third Party: \_\_\_\_\_

Will a call center be used?  Yes     No    If "yes", has vendor agreement been completed?  Yes     No  
(Call Center must be approved by Home Office)

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## PRODUCER INFORMATION

If FPP, multi-state locations?  Yes     No    If "Yes", please list states:

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Servicing Agent Name: \_\_\_\_\_ Agent #: \_\_\_\_\_

Agency Name: \_\_\_\_\_ Agency #: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Enrollment Firm Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Are all enrollers appointed with 5Star Life Insurance Company?  Yes     No

(If "NO" contact your account manager for appointment. Please Note: All agents and enrollers must be licensed in the state(s) where applications for policies are solicited and must be appointed by 5Star Life Insurance Company.)

**Premium Split Information** This section must be received before applications can be processed.

Provider Name, Agent Number and Premium Split Percentage. (Split must equal 100% will default to 100% to writing agent if nothing listed.)

Name: \_\_\_\_\_ Agent #: \_\_\_\_\_ Percentage: \_\_\_\_\_

Name: \_\_\_\_\_ Agent #: \_\_\_\_\_ Percentage: \_\_\_\_\_

Name: \_\_\_\_\_ Agent #: \_\_\_\_\_ Percentage: \_\_\_\_\_

Name: \_\_\_\_\_ Agent #: \_\_\_\_\_ Percentage: \_\_\_\_\_

**FPP Commission Structure** This section must be received before applications can be processed.

Level    Product(s): \_\_\_\_\_ Agent(s) #: \_\_\_\_\_

Hybrid    Product(s): \_\_\_\_\_ Agent(s) #: \_\_\_\_\_

(Heaped requires approval from home office)

**All Other Products Commission Structure** This section must be received before applications can be processed.

Level    Product(s): \_\_\_\_\_ Agent(s) #: \_\_\_\_\_

Hybrid    Product(s): \_\_\_\_\_ Agent(s) #: \_\_\_\_\_

Heaped    Product(s): \_\_\_\_\_ Agent(s) #: \_\_\_\_\_

## PRODUCT INFORMATION (CONT'D)

### 5Star Life Insurance Company Products Offered:

**FPP - Terminal Illness**

Disability Waiver of Premium (WP)

Auto Increase Rider (AIR)

Quality of Life Rider (QOL)

3%    4%

Other rider: \_\_\_\_\_

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**Group Critical Illness**

Employer Paid    Employee Paid

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**Accident**    24hr    Non-Occ    with Virtual Healthcare (If yes, fill out VHC section below)

**Agent National Guardian Life (NGL) appointment required.**

Level 1 Class   Class Description: \_\_\_\_\_

Level 2 Class   Class Description: \_\_\_\_\_

Level 3 Class   Class Description: \_\_\_\_\_

Employee only    Employee and Spouse    Employee and Child    Family

Contract Situs State: \_\_\_\_\_

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**New Benefits - Virtual Healthcare (VHC) for Accident**

VHC + Healthcare Indemnity    VHC + Dental    VHC + Dental & Vision    VHC + Vision    PPO Only

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**Healthcare Indemnity Plan**    with Virtual Healthcare (If yes, fill out VHC section below)

**Agent National Guardian Life (NGL) appointment required.**

Level 1 Class   Class Description: \_\_\_\_\_

Level 2 Class   Class Description: \_\_\_\_\_

Level 3 Class   Class Description: \_\_\_\_\_

Employee only    Employee and Spouse    Employee and Child    Family

VHC is included. If an option is not selected, the option will default to VHC.

Contract Situs State: \_\_\_\_\_

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**New Benefits - Virtual Healthcare (VHC) for Healthcare Indemnity**

VHC + Healthcare Indemnity    VHC + Dental    VHC + Dental & Vision    VHC + Vision    PPO Only

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**These products require a census:**

**Group Voluntary Term Life**    **With ADD**

**Basic Group Term Life**    **With ADD**

Special Remarks:

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Agent Signature: \_\_\_\_\_