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** ☐ **Take Over** **MGA:** _____

Regional Marketing Director: _____

Account Manager: _____

Questions? Please contact:
Mandy Coulter at 703-884-2104, Michelle Carney at 703-299-5798, or Josh Lehn at 402-925-4479

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)
Effective Date: _____

Enrollment Start Date: _____ End 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 If yes, give details: _____

Policies/Certificates sent to: ☐ Insured ☐ Employer ☐ Broker

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

☐ 52 ☐ 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

FEE INFORMATION

Are there fees: ☐ Yes ☐ No Level: ☐ Policy ☐ Group ☐ Flat $_____ ☐ %_____

How are the fees distributed: _____

Address: _____

ENROLLMENT INFORMATION

Enrollment Method: ☐ Paper ☐ List Enrollment ☐ Electronic Method: ☐ 5Star Enroll ☐ Third Party

Will a call center be used? ☐ Yes ☐ No If "yes", has vendor agreement been completed? ☐ Yes ☐ No

PRODUCER INFORMATION

If FPPi, multi-state locations? ☐ Yes ☐ No If "Yes", please list states : _____

Servicing Agent/Agency Name: _____ Agent/Agency #: _____

Phone: _____ Fax: _____ E-mail: _____

Enrollment Firm/Contact: _____ Phone: _____

Address: _____

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 solicated 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) #: _____

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) #: _____

☐ Accident Takeover (subcount 994) Agent(s) #: _____

PRODUCT INFORMATION

Contract Situs State: _____

5Star Life Insurance Company Products Offered:

☐ **FPPg (Group) - Terminal Illness**

☐ Disability Waiver of Premium (WP) ☐ Quality of Life Rider (QOL) ☐ Other rider: _____

☐ 3% ☐ 4%

☐ Employer paid: _____

☐ **FPPi (Individual) - Terminal Illness**

☐ Disability Waiver of Premium (WP) ☐ Auto Increase Rider (AIR) ☐ Quality of Life Rider (QOL)

☐ Other rider: _____ ☐ 3% ☐ 4%

☐ Employer paid: _____

Coverage Begin Date:

☐ Application Sign Date ☐ Date 1st Payment Received ☐ 1st of the Month Following Application Date

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☐ **Group Critical Illness**

☐ Employer Paid: _____ ☐ Employee Paid

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

Agent National Guardian Life (NGL) appointment required.

☐ Option A Class Description: _____

☐ Option B Class Description: _____

☐ Employer paid: _____

New Benefits - Virtual Healthcare (VHC) for Accident

☐ VHC ☐ VHC + Dental ☐ VHC + Dental & Vision ☐ VHC + Vision

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

Agent National Guardian Life (NGL) appointment required.

☐ Basic Level Class Description: _____

☐ Level 1 Class Description: _____

☐ Level 2 Class Description: _____

☐ Level 3 Class Description: _____

☐ Employer paid: _____

New Benefits - Virtual Healthcare (VHC) for Healthcare Indemnity

☐ VHC ☐ VHC + Dental ☐ VHC + Dental & Vision ☐ VHC + Vision ☐ PPO

These products require a census:

☐ **Group Voluntary Term Life** ☐ **with ADD**

☐ **Basic Group Term Life** ☐ **with ADD**

Special Remarks:

Agent Signature: _____