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LIFE/ AD&D QUOTE CHECKLIST

Group Case Name: _____.

Broker: TotalBen LLC .

- Nature of Business:
- Address of Group
- Employee Census (in Excel please): (including waivers)
 - ❖ Date of Birth or Age
 - ❖ Gender
 - ❖ Salary (only if benefit is a multiple of salary)
 - ❖ Election and Amount of Supplemental Benefits (if applicable)
 - ❖ Election of Dependant Life with Dependents Gender and Age (if applicable)
 - ❖ Description of Eligible Class(es) if applicable
- Copy of Current Benefit Booklet or Plan Design
 - ❖ Benefit Amount
 - ❖ Reduction Formula
 - ❖ Guarantee Issue
- Employee Contribution Rate
- Copy of Most Recent Bill or Rates
- Renewal Date and Rates, if applicable

IF ACCOUNT IS GREATER THAN 250 LIVES

- Total Paid Claims Experience for the past 3 years including average enrollment
- Monthly Premium for the past 2 years
- Rate History for the past 2 years