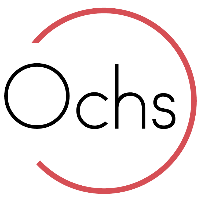
**Coverage Administration Details (CAD)**

**LIFE INSURANCE**

**CLIENT NAME:**

**Effective Date:**

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| **Client Contact Information** | | | |
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| **Client Name (to be listed on policy and certificate):** | | | |
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| **Physical Address:** | | **Billing/Mailing Address**  Same as Physical Address | |
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|  | |  | |
| **Main Contact** | | **Day to Day Contact** | |
| Name: |  | Name: |  |
| Email: |  | Email: |  |
| Phone: |  | Phone: |  |
| Title |  | Title |  |
|  | | | |
| **Billing Contact** | | **Claims Contact** | |
| Name: |  | Name: |  |
| Email: |  | Email: |  |
| Phone: |  | Phone: |  |
| Title |  | Title |  |
|  |  | | |
| **Broker and Third-Party Administrator Contact Information** | | | |
| **Broker Contact** | | **Broker Contact** | |
| Company Name: |  | Company Name: |  |
| Name: |  | Name: |  |
| Title: |  | Title: |  |
| Email: |  | Email: |  |
| Phone: |  | Phone: |  |
| Address: |  | Address: |  |
|  |  |  |  |
|  | | | |
| **Third Party Administrator (TPA) Contact** | | **Third Party Administrator (TPA) Contact** | |
| Company Name: |  | Company Name: |  |
| Name: |  | Name: |  |
| Email: |  | Email: |  |
| Phone: |  | Phone: |  |
| Address: |  | Address: |  |
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| **Eligibility and Employee Life Insurance** |
| **Confirm the minimum work hours per week required to be eligible.**    **Is this the same for all classes (if applicable)?**  Yes  No If No, please list Class # and hours: |
| **Confirm the waiting period for employees to be eligible for life insurance:**  None – effective immediately  First of the month following date of hire  First of the month following or coinciding\* date of hire  First of the month following       days of employment  First of the month following or coinciding\* with       days of employment  Other:  **Is this the same for all classes (if applicable)?**  Yes  No, please list Class # and waiting period:    \*Coinciding means if the employee’s stated day of employment falls on the 1st of the month, they are effective that day |
| **For the age reductions (benefit reduces when employees hit a certain age), are the reduced amounts rounded?**  Yes, round up to the next higher $1,000 increment  No, leave amount as is  NA, our basic life plan does not include age reductions  Other |
| **For age reductions, when does the coverage amount reduce due to the obtained age?**  Next following policy anniversary (most common choice for ease of administration)  First of month following birthday  NA, our basic life plan does not include age reductions  Other |
| **How are earnings rounded for basic life insurance?**  Multiply salary first, then round to next higher $1,000  Round salary to next higher $1,000 first, then multiply  NA, our basic life plan is not a salary increment  Other |
| **When do you update any change in earnings?**  Next following policy anniversary  First of month following the change in earnings  Other |
| **When an employee moves to a new class that has a different benefit amount, when does the new coverage amount become effective?**  Date of change  Other |
| **Are employees allowed to enroll or change their supplemental life coverage outside of the annual enrollment period?** Note: this does not include new hire and qualifying events.  Yes, both increases and decreases are allowed. (Increases subject to applicable Evidence of Insurability rules)  Yes, only decreases  No |
| **For Supplemental Life, when age increases move the employee and/or spouse to the next age bracket, when should premium changes occur?**  Next following policy anniversary (most common choice for ease of administration)  First of month following the birthday  Other |
| **What is the preferred unique identifier that should be used in the carrier’s system?**  Social Security Number (SSN)  Unique Employee ID – if elected, please answer the below regarding the format of the ID used:  Alpha, numeric, or both:  How many digits/characters: |

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| **Spouse/Dependent Life Insurance** | |
| **Does the current plan cover domestic partners, or would you like to allow domestic partners to participate in the spouse life plan?** (Note: Both same-gender and opposite-gender marriages are recognized as “lawful spouse” for purposes of the life insurance policy).  No  Yes\*    **\*If yes**, do you have a domestic partner definition we should use in the policy? | |
| Yes – our definition will be provided with this document  No – we wish to use the following standard definition (see attached):  **Option A**  Same gender Opposite gender Both  **Option B**  Same gender Opposite gender Both    **Option C**  Same gender Opposite gender Both |  |
| **Spouse rates should be based on:**  Spouse’s age  Employee’s age | |

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| **Retiree Life Insurance** |
| **Are there any retirees rolling over into this new policy?**  Yes, provide further information:  No |
| **Can the retiree coverage amount change?**  Retiree can elect to decrease the coverage amount  No changes allowed |
| **Are any of the retiree classes closed?** (Retirees can no longer be placed into this class)  Yes  No  If yes, confirm which retiree classes are closed: |

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| **Billing and Remittance** | |
| **There are two billing options to select from:** | |
| 1. **List Billed**   Carrier will store the records of employee’s coverage amounts and create a list bill that will be provided monthly. Bills will be posted each month to the LifeBenefitsExtra (LBE) portal. |  |
| 1. **Self-Billed**   Your organization will maintain the life records and send in premium based upon lives insured and volumes. ***You must be able to provide insured lives and volume for each line of coverage.*** |  |
| **See “Life Billing Administration” document to the right for comparison between List Billed and Self Billed options**  **Please note, if you are currently utilizing an Enrollment Platform to store and enroll in Life Insurance benefits, it is strongly recommended that Self-Billed is selected in order to minimize discrepancies between the two systems and avoids potential delays at the time of claim.** |  |
| **What is your billing preference?**  Self-Billed  **Please answer questions on page 5**  **NOTE**: Ochs, on behalf of Securian, will request census information for those individuals eligible under your group life insurance plan.  This information is used for monitoring your plan’s performance, calculating state premium taxes, calculating renewals, and for reinsurance purposes. **This will be requested on an annual basis.** **By selecting Self-Billed as your billing preference, you are agreeing to provide this census on an annual basis.**  **See “Census Request – Data Elements” document to review census data that   could be requested.**  Online List Billed  **Please answer questions on page 6**  **Please answer the questions on the next pages based on billing preference selected.** |  |

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| **If SELF BILLED option is selected, please answer the below:** |
| **For remittance of premium payment:**  We will be using the carrier’s premium remittance form  We will be using our own premium remittance form  **Please send us a sample of the remittance document that you plan on using to ensure it captures**  **what is needed to clear payment.** |
| **Please confirm that you can provide the carrier with the number of lives AND volume for each line of coverage being provided.**  Yes  No |
| **Are there multiple billing locations that will be submitting their own premium payment directly to the carrier?**  Yes  No, one premium payment will be submitted to the carrier  **If yes, is elected above please specify billing locations below:**  Specify billing locations here:  *\*If multiple billing locations, please make sure all billing contacts are specified on page 1.* |
| **When can we expect to receive the monthly premium payment?**  For example: If payment is due for January, will payment be made in advance (in December for January), current (in January for January), or in arears (in February for January). |
| **How will your premium payment be remitted?**  Check  ACH |
| **Will your premium payment be remitted directly or by a Third-Party Administrator (TPA) on your behalf?** If TPA will be remitting premium, please make sure TPA contact information is completed on page 1.  Remitted directly  Remitted by TPA  Other |
| **How often will premium be remitted?** Please be sure to include any special instructions for premium being remitted during summer months.  Monthly  Bi-Weekly  Other |
| **How often are premiums payroll deducted?** |
| **Confirm the contact that should request the census information:** |

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| **If LIST BILLED option is selected, please answer the below:** |
| **When would you like the bill provided?** Note: Carrier allows for a 31-day grace period from the due date to remit premium due.  On the       of the month prior to the bill due date (insert date)  On the       of the month after the bill due date (insert date)  Other |
| **Do you have billing locations?**  No  Yes, billing locations as follows:  List any special billing notes here:  Note: If the bill does need billing locations, the census must indicate where employees/retirees will be placed. |
| **When can we expect to receive the monthly premium payment?**  For example: If payment is due for January, will payment be made in advance (in December for January), current (in January for January), or in arears (in February for January). |
| **How will your premium payment be remitted?**  Check  ACH |
| **Will your premium payment be remitted directly or by a Third-Party Administrator (TPA) on your behalf?** If TPA will be remitting premium, please make sure TPA contact information is completed on page 1.  Remitted directly  Remitted by TPA  Other |
| **How often will premium be remitted?** Please be sure to include any special instructions for premium being remitted during summer months.  Monthly  Bi-Weekly  Other |
| **How often are premiums payroll deducted?** |

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| **Life Beneficiary Maintenance** |
| **Would you like to maintain the beneficiary designations at your location?**  Note: If Self-Administered is elected, beneficiary designations must be held at by the client (check Yes)  Yes  No, carrier should hold the records – option for List Bill clients only.  **If No is elected above, please confirm the following option:**  The carrier should honor the beneficiaries that are currently in place from the prior carrier. If this choice is elected, all beneficiary designations must be provided to carrier to enter into their system (via spreadsheet or hard copy forms at time of initial enrollment) for record keeping.  We will require employees to elect a new beneficiary designation and NOT use any prior election. If a beneficiary is not elected, the designation would be the policy default as defined by your policy. |
| **How will your beneficiary elections be set up?**  One beneficiary designation for Basic Life and Supplemental Life (standard)  Separate beneficiary designations for Basic Life and Supplemental Life |

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| **Life Enrollment** |
| **Do you currently use an online benefit administration platform for life insurance enrollment?**  Yes – What company is this provided through:  No |
| **Briefly describe your enrollment process including how employees enroll - paper vs online:** |
| **How are changes being submitted to the carriers (ie: paper, spreadsheet, email, file feed, etc)?** This includes changes such as new hires, terminations, name changes, etc. |
| **What is your typical annual enrollment month or period?** |
| **What effective date do you use for your annual enrollment changes?**  Note, for elections requiring underwriting, effective date will be the later of effective date or date of underwriting approval. |

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| **Initial Life Enrollment Period** |
| **What is the 31-day enrollment period you will use to enroll during this initial enrollment period:**  Begin date:                 to End date: |
| **Confirm effective date of initial enrollment period changes?**  Note, for elections requiring underwriting, effective date will be the date of underwriting approval. |
| **What date would you like to receive your materials for the initial enrollment?** |
| **When your enrollment period ends, when can we expect you to forward the forms to us for processing?**  One week following last day of enrollment  Two weeks following last day of enrollment  Other |

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| **Policy and Certificates** |
| **Which contact should review the policy and certificate drafts prior to finalizing?** |
| **Which contact should receive the final policy and certificate?**  Client Contact:  Broker Contact:  Note, the final policy and certificate will be delivered electronically and must be delivered to the client. |

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| **Additional Administrative Questions** |
| **Confirm the on-going policy anniversary date of the coverage:** |
| **Who should we contact to discuss the renewal when coverage comes out of rate guarantee?** |
| **Which contact should receive the electronic Administration kit?** |
| **From your organization, please list the individual(s) who will need access to the secure LifeBenefitsExtra (LBE) website for underwriting decisions, claim statuses, coverage detail (if home office administered), and online billing (if applicable), etc.?** NOTE: If different locations, please be sure to indicate which location everyone will need access to.   |  |  |  |  | | --- | --- | --- | --- | | Contact Name | Phone Number | Email | Billing Location (if applicable) | | 1. |  |  |  | | 2. |  |  |  | | 3. |  |  |  | |

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| **Additional Information** |
| Use this section to provide information that may be helpful for implementation if it was not addressed in the questionnaire. |

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| **Authorization** |
| **This document was completed by:**  **Title:**  **Date:**  **Client Authorization –** Client needs to complete below only if Broker completes this document on their behalf.  **Authorized By:**  **Title:**  **Date:** |