

319 W. Pershing Street
Appleton, WI 54913

New Group Underwriting Submission Checklist

Group Name: _____

Group Contact Name: _____

Group Contact E-Mail: _____ Phone: _____

Broker Name: JOHN ZULEGER Underwriting Submissions E-Mail: mkieffer@zulegeradvisors.com

Underwriting Submission Requirements

- Employer Data Form
- Uniform Employee Applications*
- Uniform Employee Waiver Application**
- Prior Carriers Bill
- UCT State Quarterly Unemployment Compensation Report Form #UC101A

*On the Uniform Application all questions must be answered completely. On page 1, be sure to include the date of full-time employment and heights, weights, and social security numbers for everyone listed on the application. On pages 2 & 3 please fill out the medical information completely and provide the complete details under G if you answered "Yes" to any of the questions. Be sure to fill out the Medicare Information section VI on page 4. Pages 5 and 6 have been removed for your convenience. Signatures are needed of those applying for single coverage on pages 7 and 8. For those applying for Employee / Spouse coverage signatures for both the employee and spouse are required on pages 7 & 8. For Employee child coverage or Family coverage, signatures are required on pages 7, 8, & 9. A signature on page 9 is required, if the child is no longer a minor.

**If you are waiving coverage, please fill out section I on page 1 completely. Then, proceed to section V. on page 3 and check who is waiving coverage and the reason, and sign on page 4.