

To: Advance Insurance Company of Kansas
Attn: Underwriting Department
Fax: 1-800-933-6121

BCBS Rep: _____
Broker: _____
Date Needed: _____

Group Name: _____ City: _____ State: KS Zip: _____

Nature of Business: _____

Requested Effective Date: _____ Employer pays for life: _____ % Total # EE's: _____
 Employer pays for STD _____ % # of EE's Enrolling: Life- STD-

Coverage To Be Rated: Life Dependent Life Short Term Disability

EXPERIENCE IS REQUIRED FOR LIFE BENEFITS FOR GROUPS OF 500+

Census will need to include – DOB or age, gender, salary (if salary benefit) and class (if benefits are defined by class).

Dependent Life Plan: Spouse: Child: Infant:	Basic Life Insurance	Flat Benefit (or)	% of Salary
<input type="checkbox"/> All Active Full-time Employees	_____	\$ _____ or _____	X Salary, Max: \$ _____
(or) Record Definition Below ↓			
<input type="checkbox"/> Class I:	_____	\$ _____ or _____	X Salary, Max: \$ _____
<input type="checkbox"/> Class II:	_____	\$ _____ or _____	X Salary, Max: \$ _____
<input type="checkbox"/> Class III:	_____	\$ _____ or _____	X Salary, Max: \$ _____

Benefits reduce 35% at 65, an additional 25% at 70, and will further reduce 15% at age 75. Benefits terminate at retirement.

Current Carrier: _____ Current Rates: LI / AD&D _____ Renewal Rates: LI / AD&D _____

EXPERIENCE IS REQUIRED FOR STD BENEFITS FOR GROUPS OF 100+

Census will need to include – DOB or age, gender, salary and class (if benefits are defined by class).

Short Term Disability			
<input type="checkbox"/> All Active Full-time Employees	_____	_____ % Salary, Max:	\$ _____ / wk
(or) Record Definition Below ↓			
<input type="checkbox"/> Class I:	_____	_____ % Salary, Max:	\$ _____ / wk
<input type="checkbox"/> Class II:	_____	_____ % Salary, Max:	\$ _____ / wk
<input type="checkbox"/> Class III:	_____	_____ % Salary, Max:	\$ _____ / wk

Benefits will reduce 50% at age 70. Benefits terminate at retirement.

Benefit Elim Period: _____ day accident _____ day sickness _____ Weeks.

Current Carrier: _____ Current Rate: _____ Renewal Rate: _____

Special Notes or Requests: _____

