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Regarding: Group Prescreen

As we continue to see an increase in both new business submissions and in prescreens it is important to review our practices and implement change in order to serve our sales force. As part of our commitment to deliver exceptional service to our agents and to help keep our staff working efficiently to get your business issued and prescreens returned as quickly as possible here are a few things that we've changed in our process in order to better serve you:

- 1) Please complete the attached cover sheet with all prescreen request.
- 2) For Ballpark Prescreens remove all "clean" applications and waivers before sending a case to be prescreened.
- 3) For Full App (firm offer) prescreens send complete Assurant Health applications on all enrolling members. The underwriting team will then contact the employees directly to obtain any additional information to provide you with a firm rate.
- 4) In regard to groups of 25+, provide both the standard and renewal premiums.

These things will help us to quickly work through your prescreen request. Knowing the renewal and standard premiums while reviewing the case will give the underwriter an opportunity to contact you if they reach a load that exceeds what you are able to place. This will allow us to move on to a piece of business or prescreen that you can sell without delay.

If you have any questions regarding this, please feel free to call me directly at 877-226-9300.

Assurant Health Markets products underwritten by Time Insurance Company, Union Security Insurance Company and John Alden Life Insurance Company.

TIC Pre-screen Cover Sheet

Group Name: _____ Proposed Eff Dt: _____

Agent: _____

RSD OFFICE: _____ AA: _____

Full-Time EE: _____ Part-Time EE: _____ Enrolling EE: _____

State: _____ County: _____

25+ lives- provide the following:

Estimated Additional Rating which can be placed \$ _____

Any Serious Conditions with EE names:

Plan Design: (check one) (Default is RCII or CC2K / \$15/35/55 or \$15/25/50)

Real Choice I _____ Real Choice III _____

Real Choice II _____ CCM2K _____

RX Benefit: (check one)

\$0/35/55 _____ \$15/50/75 + \$250 _____

\$0/50/75 + \$500 _____ \$20/50/75 _____

\$15/25/50 _____ \$0/35/50 _____

\$15/35/55 _____ \$0/35/50 - SF _____

\$15/35/55 + \$250 _____ RX Major Medical _____

\$15/45/60 _____ No RX Coverage _____

\$15/50/75 _____

HRA w/out Co-pay, HSA, EC Plans _____

Comments: