



**Case Submission Coversheet**

*For Agent Use*

Group Name: \_\_\_\_\_

Affiliation/Association Name: \_\_\_\_\_

New Group       Plan Change

Plan Type:       High       Medium       Low       Basic

Desired Effective Date: \_\_\_\_\_

<b>Previous TRUDENT Coverage:</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No
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CAI Firm #: \_\_\_\_\_

Affiliation Code: \_\_\_\_\_

SA/GA Code: \_\_\_\_\_

Commission Split: \_\_\_\_\_

Plan Tier:  2     4

	Yes	No	N/A		Yes	No	N/A
<u>Broker Cover Sheet</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Existing Broker</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Signed/Dated</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Current License (New Broker)</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>GA/SA Information</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>License Expire Date</u>	_____		
<u>Tax Documentation</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Broker/Agent: _____			
<u>Small Group Application</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Agency: _____			
<u>Enrollment Forms</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Address: _____			
<u>SS#, DOB, Address</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	City: _____ St: _____ Zip: _____			
<u>Confirm Effective Date</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Phone: _____ Fax: _____			
<u>Authorized Signatures</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<u>Group Name &amp; Address</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

**OFFICE USE ONLY:**

DATE RECEIVED	_____	<b>Approved/Denied - Reason, Date &amp; Signature:</b> Hereby stating case has been reviewed and all documentation is compliant with United Concordia's Participation/ Underwriting guidelines.  Underwriter: _____  Signature: _____ Date: _____
DATE GIVEN TO 2ND STEP D/E	_____	
<b>APPROVED EFFECTIVE DATE:</b> _____ NOTES: _____ _____ _____		

**Return All Enrollment Materials to:**

ELITE PROGRAMS, INC.  
180 East Main Street, Suite 205  
Patchogue, NY 11772  
Attn: Underwriting