

For employers offering basic group term life and AD&D, supplemental or voluntary life, and dependent life. Attach a census (ID, date of birth, gender, salary, class, hire date, current life amount), the current certificate or plan summary, and the renewal notice. Medical and other benefits use CWCO-SUP-BENEFITS.

1 EMPLOYER INFORMATION

LEGAL BUSINESS NAME	DBA	FEIN	YEARS IN BUSINESS
BUSINESS ADDRESS	CITY / STATE / ZIP	SIC / NAICS CODE	

Entity type:
☐ Sole proprietor ☐ Partnership ☐ LLC ☐ S corporation ☐ C corporation ☐ Nonprofit

BENEFITS CONTACT / TITLE	PHONE	EMAIL
REQUESTED EFFECTIVE DATE	ELIGIBLE EMPLOYEES	ELIGIBILITY HOURS / WAITING PERIOD

2 PLAN DESIGN REQUESTED

CLASS (E.G., EXECUTIVES, SALARIED, HOURLY)	BASIC LIFE BENEFIT (FLAT \$ OR X SALARY)	MAXIMUM (\$)	EMPLOYEES

Coverages (check all):

- ☐ Basic life (employer-paid) ☐ Basic AD&D ☐ Supplemental / voluntary life ☐ Supplemental AD&D ☐ Spouse life ☐ Child life
☐ Accelerated death benefit ☐ Waiver of premium for disability

SUPPLEMENTAL LIFE GUARANTEED ISSUE AMOUNT (\$)

AGE REDUCTION SCHEDULE (E.G., 35% AT 65)

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Who pays for basic life:

- ☐ Employer 100% ☐ Shared ☐ Employee 100%

3 EXPOSURE & RISK QUESTIONS — ENROLLMENT & EVIDENCE OF INSURABILITY

An employer that collected three years of premiums for \$350,000 of supplemental life — but never submitted the required health form — faced a fiduciary claim for the lost benefit after the insurer denied the claim.

3-1	Is there a written process to send evidence of insurability (EOI) forms for amounts above guaranteed issue?	☐ Yes ☐ No
	IF YES, EXPLAIN	
3-2	Are payroll deductions held until the carrier approves EOI?	☐ Yes ☐ No
	IF YES, EXPLAIN	
3-3	Are employees notified in writing when EOI is denied or never completed?	☐ Yes ☐ No
	IF YES, EXPLAIN	
3-4	Is enrollment reconciled with carrier billing and payroll deductions at least quarterly?	☐ Yes ☐ No
	IF YES, EXPLAIN	
3-5	Are late enrollees required to provide EOI?	☐ Yes ☐ No
	IF YES, EXPLAIN	
3-6	Are beneficiary designations kept on file and reviewed with employees?	☐ Yes ☐ No
	IF YES, EXPLAIN	
3-7	Is any employee not actively at work (on leave, disabled, or furloughed) on the requested effective date?	☐ Yes ☐ No
	IF YES, EXPLAIN	

4 EXPOSURE & RISK QUESTIONS — TAXES, TERMINATIONS & CLAIMS

Employer-paid group term life above \$50,000 creates imputed income that must be reported, and departing employees must be told how to convert or port their coverage.

4-1 Is imputed income reported for employer-paid coverage over \$50,000? ☐ Yes ☐ No
IF YES, EXPLAIN

4-2 Do any key employees or owners receive richer life benefits than other employees? ☐ Yes ☐ No
IF YES, EXPLAIN

4-3 Are departing employees given conversion and portability notices within the carrier's deadline? ☐ Yes ☐ No
IF YES, EXPLAIN

4-4 Are employees on unpaid leave told how long their life coverage continues? ☐ Yes ☐ No
IF YES, EXPLAIN

4-5 Are any former employees covered under a waiver of premium for disability? ☐ Yes ☐ No
IF YES, EXPLAIN

4-6 Has there been a death claim in the last 3 years, or is one pending? ☐ Yes ☐ No
IF YES, EXPLAIN

4-7 Has a life or AD&D claim been denied or disputed in the last 5 years? ☐ Yes ☐ No
IF YES, EXPLAIN

5 CENSUS SUMMARY & CURRENT COVERAGE

Attach the full census as a spreadsheet. Summarize here if a spreadsheet is not yet available.

AGE BAND	EMPLOYEES	TOTAL BASIC LIFE VOLUME (\$)	TOTAL SUPPLEMENTAL VOLUME (\$)

Age bands: under 30; 30-39; 40-49; 50-59; 60-69; 70 and over.

CURRENT LIFE CARRIER	CURRENT RATE PER \$1,000	YEARS WITH CARRIER

6 RISK MANAGEMENT

6-1 Does the employer use a benefits administration system that tracks EOI status? ☐ Yes ☐ No
IF YES, EXPLAIN

6-2 Has HR staff been trained on life plan eligibility, EOI, and conversion rules? ☐ Yes ☐ No
IF YES, EXPLAIN

7 SIGNATURE & FRAUD WARNING

The undersigned declares that the statements and answers given in this supplemental are true, complete and correct to the best of their knowledge, and that no material fact has been withheld or misstated. The applicant agrees that this supplemental, together with all ACORD applications and attachments, forms the basis of any submission to insurers and may be relied upon by them. Signing this supplemental does not bind coverage. This questionnaire is an intake document prepared by Cory Washington & Co. LLC to support carrier quoting; it does not itself provide coverage.

FRAUD NOTICE: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. (State-specific fraud warnings apply; see state amendatory notice.)

APPLICANT / AUTHORIZED SIGNATURE (TYPE FULL NAME)	TITLE	DATE
PRODUCER — CORY WASHINGTON & CO. LLC	PRODUCER SIGNATURE (TYPE FULL NAME)	DATE