



INSURANCE IN TOUCH WITH BUSINESS

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Thank you for choosing CNA for your client's group coverage. Please note the following items must be provided in order to bind coverage:

- ✓ Request for Group Insurance
- ✓ Risk Analysis Questionnaire (Life cases under 200 lives only)
- ✓ First month's premium
- ✓ Copy of current carrier's benefit booklet if transferring coverage (Please provide 2 copies, if possible)
- ✓ Copy of the sold plan design(s) and rate(s)
- ✓ A final census which should include: **Name, Date of Birth, Social Security Number, Gender, Salary and Date of Hire**. Census information should be forwarded via e-mail or diskette, preferably in Excel or Lotus format.
- ✓ If group elects List bill, CNA requires a copy of prior carrier's list bill
- ✓ If your firm has not previously sold a case with CNA Group Benefits, please provide a copy of your Agency State License and Tax ID#. Individual brokers should provide a copy of their State License, residence address, home telephone number, Date of Birth and Social Security number. **Payment of commissions is dependent upon receipt of this information.**

I've enclosed a Request for Group Insurance for your use. If you should have any questions regarding the enrollment materials, please feel free to contact me at the above number.

Sincerely,

Lisa Cancellieri
Account Manager