

**NEW BUSINESS INFORMATION CHECKLIST
PRIORITY ACCOUNTS**

I. ITEMS NEEDED:

- **Application & deposit check (made payable to Hartford Life if New York contract or Hartford Life & Accident if non-New York contract).**
- **Final census indicating employees insured as of the effective date (considering the eligibility waiting period). Census should include Name, Date of Birth, Salary, Social Security No., Occupation and Class no., if applicable.**
- **Each employee must complete and sign an enrollment form. Original forms are to be retained by the policyholder – Copies can be submitted to Hartford Life.**
- **Copy of current benefits booklet, if applicable.**

II. GENERAL INFORMATION: *All coverages*

1. Correspondent and Title, phone and fax number?	
2. Address of corporate headquarters. Bills will be sent here unless otherwise requested.	
3. Names and addresses of participant employers?	
4. Non-Contributory or Contributory? If contributory, the % of employee contributions?	
5. Define employee eligibility (i.e. all full-time employees, all full-time non-union employees).	
6. Define the Eligibility Waiting Period	
7. Minimum number of hours for full-time work?	
8. All covered employees working in the United States? If no, supply details.	
9. If salary includes anything other than base, please supply details (commission, bonus, etc.)	
10. Indicate all states which the employees reside in and the approximate number in each state.	
11. Legal Entity (i.e. corporation, partnership, etc.)?	