

SOLD CASE REQUIREMENTS

_____ Employer Application – **Verify information for the following items:**

- Correct Application is completed – Dental Only, Vision Only or Dental and Vision
- Amount of Premium paid by Employer for Employee and Dependent
- # of Eligible Employees and # of Employees enrolling
- New Hire Waiting Period
- Tax ID number
- Send Materials to
- Definition of Full-time Employee
- If benefits are filled out, make sure they match Sold quote
- Calendar or Contract Year
- List rates from quotes
- Signature page needs both Company Administrator and Agent
- Agent Page needs to be completed with commission amount shown
- Note if Domestic Partner is included in Special Instructions Section

_____ Check for one month's premium payable to:

Renaissance Life & Health Insurance Company of America

_____ Electronic CENSUS (preferred format on 10+ lives) forwarded to Renaissance
(DO NOT CHANGE FORMAT)

OR

_____ Eligibility Enrollment Form for each enrolled employee and

- SSN for employee
- Address
- Date of Birth – employee and dependents
- Date of Hire

_____ Waiver Form for each employee declining coverage,
if necessary to meet participation requirements

_____ Quarterly Wage and Tax Report, if no prior coverage

_____ Copy of previous carrier billing statement and benefits

_____ Copy of SOLD proposals for Dental and/or Vision Product

_____ Agent Documentation – new agents only

Send Sold Case Documents to your sales representative or:

National Sales- New Group Implementation
Renaissance Sales and Support Center
225 S. East Street, Ste 360
Indianapolis, IN 46202