

**Southland National Insurance Corporation
Group Benefits Transmittal**

General Information

Company (Group) Name		Grp Acct #
Street Address		Effect. Date
City, State, Zip		Anniv. Date
Billing Address (if different from above)		
Associated Company(s) and Address(es) (attach list)		
Benefits Administrator		
Phone #		
Address (if different)		
Billing Contact (if different)		
Phone #		
Address (if different)		
SIC Code	Description of Group's Activities	
Situs (contract) State:	Federal Tax I.D. No.	
ID Card Mailing: <input type="checkbox"/> Company <input type="checkbox"/> Subscriber Home (requires approval)		
Certificate Mailing: <input type="checkbox"/> Company <input type="checkbox"/> Subscriber Home (requires approval)		
Account Executive:		
Agent/Broker of Record:	Company:	
Address:	Phone:	Fax:
	E-mail:	

Eligibility

Open Enrollment Period:
Initial Group Waiting Period:
New Hire Waiting Period:

Dental Product Detail

Plan Module Sold: <input type="checkbox"/> P200 <input type="checkbox"/> P300 <input type="checkbox"/> P400 <input type="checkbox"/> DEFC <input type="checkbox"/> BC/BS Mirror		
Prior Dental Coverage: <input type="checkbox"/> > 2 yrs <input type="checkbox"/> < 2 yrs <input type="checkbox"/> None		
Prior Coverage Type: <input type="checkbox"/> Indemnity/PPO <input type="checkbox"/> DHMO		
Group Contribution %: _____ Subscriber _____ Dependent		
Section 125 (Pre-tax): <input type="checkbox"/> Yes <input type="checkbox"/> No		
Plan Type	In-Ntwk	Out-of-Ntwk
Type I		
Type II		
Type III		
Type IIII		
Individual Deductible - Cal. Yr.		
Family Deductible - Cal. Yr.		
Type I Deductible Waiver		
Calendar Year Maximum		
Benefit Waiting Period: Class II		
Class III		
Class IIII		
Ortho Individual Deductible		
Ortho Lifetime Maximum		
Ortho Eligibility		

Financials

Funding Method: <input type="checkbox"/> Traditional <input type="checkbox"/> ASO	
	Final Rates
Subscriber (Employee) Only	
Subscriber + Family (2 Tier)	
Subscriber + 1 Dependent	
Subscriber + Family (3 Tier)	
Subscriber + Spouse	
Subscriber + Child	
Subscriber + Family (4 Tier)	
ASO Fee:	
Commissions/Commissions Assigned To:	
Agent:	%
GA:	%
Notes/Remarks:	
Underwriter Name:	Signature: