

Hartford Life and Disability Quote Requirements

- 1. Census to be provided in one Excel file**
- 2. Company Information**
 - Company name
 - Company address (at least zip code)
 - Company Standard Industry Code (SIC) or Primary Industry
- 3. Eligibility**
 - Active employees who work 30+ hours per week.
 - Part-time employees who work 20-29 hours may be offered basic life, supplemental and voluntary life, group STD, voluntary dental, and voluntary vision.
- 4. Plan Design Information**
 - Effective date of requested benefits
 - Benefit summary or plan booklet if we are to match current benefits
 - If no benefit is in place, refer to the life and disability plan details page at cbia.com/insurance and choose the benefit options to include in your proposal request
 - If classes, state benefit requested for each class and include proper definition of class (i.e. "All Active FT Union Employees").
 - Current premium rate(s) and renewal rate(s) if available
- 5. Life Insurance Employee Census Information (group and voluntary)**
 - Flat benefit
 - Gender
 - Date of birth or age
 - Full-time or Part-time indicator
 - Earnings Based Benefit
 - Gender
 - Date of birth or age
 - Full-time or Part-time indicator
 - Annual Salary (if hourly rate provided, also include number of hours worked per week per person)
- 6. Short Term Disability (STD) and/or Long Term Disability (LTD) Insurance Employee Census Information (group and voluntary)**
 - Gender
 - Date of birth or Age
 - Salary
 - Full-time or Part-time indicator
 - Occupation of each employee