

Administrative Office: P.O. Box 30083, Tampa, FL 33630-3083
 Street Address: 3501 Frontage Road, Tampa, FL 33607
 Phone: 877-672-1648 Fax: 877-672-1651

In order to install the below named group we must receive the required paperwork. The applicable requirements are listed below.

Group Name: _____ Group Effective Date: _____
 AIG Sales Representative: _____
 Master General Agent: _____ Producer: _____
 Submitted By: _____ Phone/Email: _____
 Date: _____

For all Employer-funded and Employee-Paid products the below data must be submitted.

- Master Application¹ – not applicable for Individual products.
- Sold Quote – benefits and number of employees should match application and enrollment forms/census list.
- Large Group Underwriting Exhibits and Assumptions, if applicable.
- If replacing coverage, provide Current Prior Carrier Bill and Certificate/Booklet

For Worksite products² the below data must be submitted.

Pre-Enrollment – requirements must be submitted a minimum of 10 business days prior to the first scheduled date of enrollment.	Post-Enrollment – requirements must be submitted 10 business days prior to the requested effective date.
<input type="checkbox"/> Employers Agreement <input type="checkbox"/> Case Data Sheet <input type="checkbox"/> Census – Employer-funded only	<input type="checkbox"/> Individual Application for Insurance ¹ <input type="checkbox"/> Payroll Deduction Authorization <input type="checkbox"/> HIPPA authorization – applicable for all Individual products except Life and DI ² <input type="checkbox"/> Replacement forms – Individual products, if applicable

For Employer-funded products (excluding Worksite products²) the below data must be submitted 10 business days prior to the requested effective date.

- Census
- Employee Enrollment Form
- Deposit check – should match quote or one month’s premium
- Excess Insurance Application¹ – if applicable
- Waiver forms
- Quarterly Wage & Tax – required for employees age 70 and above, high family content or questionable eligibility

For all Employer-funded and Employee-paid products the below data must be completed..

W2 Election (applicable for STD & LTD only)
 Yes, produce W2’s
 No, do not produce W2’s

Please indicate the billing method:
 Home Office Self Billing (over 100 lives) Self billing is not available for Dental or Vision products

Is an AIG A&H policy being submitted in addition to this application? Yes No

For Employee-funded products (excluding Worksite) the below data must be submitted 10 days prior to the requested effective date.

- Statement of Insurability for Group Programs¹
- Excess Insurance Application¹ - if applicable
- Payroll Deduction Authorization form – to be submitted separately following completion of case set-up – if applicable
- Quarterly Wage & Tax – required for employees age 70 and above, high family content or questionable eligibility

Special Handling requests: _____

Send new case submissions to TSC Case Implementation Department at the address listed above.

Administration kits will be sent to the policyholder for groups under 200 lives.
 Administration kits will be sent to the AIG Employee Benefits Client Manager for groups of 200+ lives.

1. The Master Application, Statement of Insurability forms and Group Worksite Employee Enrollment applications may be subject to state laws. For the complete listing of available forms please visit our online ordering system at www.smartworks.com

2. Universal Life, Level Term Life, Return of Premium Term Life, Critical Illness, Cancer, Accident, Hospital Indemnity and Disability Income