

EVIDENCE PROCESSING FORM FOR TPA AND SELF-ADMINISTERED CASE

Name of Applicant		Date of Birth	Account Number
Date Employed	Date Eligible	Current Salary	Social Security Number
Firm Name		Firm Telephone Number	Firm Administrator

Complete Step 1 and Step 2 Below for ALL Applicants

Step 1 – Current Benefit - please check one:

- Timely applicant = new hire or increase of current benefit:** List benefit amount including non-medical limit that employee and/or dependents have in force.

OR

- Late applicant or applicant who has previously waived coverage:** Non medical limit *does not* apply. Please leave this section blank-see Step 2.

Step 2 – Benefit Election - please check one:

- Timely Enrollment = new hire or increase of current benefit:** List excess election amount only (over non medical limit).

OR

- Late Enrollment or Applicant who has previously waived coverage during annual enrollment/resolicitation:** List full election amount only (non medical limit does not apply)

	Class	Benefit		Class	Benefit
Basic Life			Basic Life		
Basic AD&D			Basic AD&D		
Supplemental			Supplemental		
Supplemental AD&D			Supplemental AD&D		
Voluntary Life			Voluntary Life		
Voluntary AD&D			Voluntary AD&D		
Dependent Life (Spouse)			Dependent Life (Spouse)		
Voluntary Life (Spouse)			Voluntary Life (Spouse)		
Dependent Life (Child)			Dependent Life (Child)		
Voluntary Life (Child)			Voluntary Life (Child)		
Short Term Disability			Short Term Disability		
Long Term Disability			Long Term Disability		
Voluntary Short Term Disability			Voluntary Short Term Disability		
Voluntary Long Term Disability			Voluntary Long Term Disability		

Administrator: List Each Person Applying for Coverage Below - use additional sheet if necessary:

Name	Relationship (Employee, Spouse, Child/Children)

Remarks

TPA Name	TPA Administrator
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