

SecureCare

from the Domestic Accident & Health Division of the AIG Companies

Sold Case Form - 1099 Contractors

GROUP PROFILE

Print or Type

Legal Name of Company

Requested Enrollment Period (start) (end)

Requested Effective Date of Coverage IRS Reporting Number

Street Address P.O. Box (If Applicable)

City State Zip County

Phone Number Nature of Business SIC

Business Type Corporation Association Partnership Sole Proprietorship Other

Other Locations or Affiliated Companies/Subsidiaries to be Included No Yes, list name(s) and location(s)

Main Contact Title

Phone Number Fax Number E-Mail

ELIGIBILITY

Number of Eligible Contractors Number of Enrolled Contractors

Domestic Partner Coverage Yes No

Dependents Coverage Yes No Age Limit To age 19, students to age 23 Other

Type of Funding

- 100% Company Paid
50 - 99% Company Paid
10 - 49% Company Paid
Less than 10% Company Paid

Eligibility Waiting Period

New Contractors First day of month coinciding with or following days of employment. Other

Present Contractors All are eligible immediately, regardless of length of service. Only those who have satisfied the waiting period are eligible. (Provide hire dates.)

Eligibility Hours Worked Per Week

Full time contractors working 30 or more hours Other

RATES & PLANS

SecureCare 250 SecureCare 500 SecureCare 750 SecureCare 1000

Individual Only \$ Individual + Spouse \$ Individual + Children \$ Individual + Family \$

Rate Guarantee 24 months Other Commission %



ADMINISTRATIVE

Will this insurance replace similar coverage? No Yes (Show the name of carrier and dates of coverage)

Carrier _____ Effective Date ____/____/____ Termination Date ____/____/____

ENROLLMENT AND BILLING INFORMATION

Paper Web Phone Laptop (face-to-face)

Billing Delivery Method Web (preferred) Paper Automated (contact us for details) Other

Billing Option

ACM/ Bank Draft

Refunds

Credit Next Bill Check to Plan Sponsor (post-tax plans only)

Membership Maintenance

Manual Tape Electronic Transfer (For Tape or Electronic Transfer Attach Format or indicate IS Contact Person below)

Please Provide an Eligibility and Billing Service Contact Person

Eligibility Contact _____ Title _____

Phone Number _____ Fax Number _____ E-Mail _____

Billing Contact _____ Title _____

Phone Number _____ Fax Number _____ E-Mail _____

Deliver Administration Package to Group Broker AIG Representative

THE PLAN SPONSOR UNDERSTANDS AND AGREES

- The requested insurance will not become effective unless National Union Fire Insurance Company of Pittsburg, Pa., or AIG Life Insurance Company receives and approves the enrollment form.
- Being actively at work is a requirement for coverage.
- No waiver or change will bind National Union Fire Insurance Company of Pittsburg, Pa., or AIG Life Insurance Company unless signed by our officer.

Signature _____ Date ____/____/____

Name and Title (Print) _____

AIG Representative _____ Region/Branch Code _____

AGENT INFORMATION

Company _____ Representative _____

Address _____

City _____ State _____ Zip Code _____ Phone Number _____

IRS Reporting Number _____ Dept. of Insurance License Number _____

To be completed by AIG Underwriting

Policy Number

Effective Date

U/W Approval

AIG Producer Code

Yes No

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