ManhattanLife Assurance

Family Life

Manhattan Life

10777 Northwest Freeway, Houston, TX 77092 Telephone: (713) 529-0045 Toll Free: (800) 669-9030

☐ Initial Enrollme ☐ Re-enrollment	nt							
WRITING AGENT IN	FORMATION				-			
Agent Name (Last, Fi		Agency		Agent Number				
Contact Phone Number Email							Fax Number	
Address								
APPLICATION SUBI	MISSION	Seal of F		11 A,A,	t and	- to 1		
□ Paper		Manhatt	an Direct				WISE (Online Group Enrollment)	
MAIL POLICIES TO					W			
GROUP EFFECTIVE	DATE	Employe	er			/	Agent	
GROOF LITECHAL	DAIL							
COMPANY INFORMA	ATION							
Company Name							*	
Phone Number		Industry					(20)	
Address		11						
GROUP ADMINISTRATOR INFORMATION								
Name		Phone	i .		Email			
Total Number of Employees			Location of Employees (State)					
How many employees are eligible for benefits?								
If group is requesting special enrollment provisions, approval is required prior to enrollment (circle the corresponding special enrollment provision number next to the applicable product):  1. Credit for time served  2. Waive pre-existing condition  3. Waive waiting period (takeover)  4. Guaranteed issue								
□ Accident-PAID □ Affordable Choice □ Cancer □ GAP □ Hospital Indemnity □ DVH □ FOB □ GAP		nnity	☐ Individual DI 4 ☐			□ Accident-EXPRESS 3 4 □ Cancer-EXPRESS 1 3 4 □ GAP-EXPRESS 1 2 3 4		
What states will products be offered in?								
2. Will all products selected be offered in all states? ☐ Yes ☐ No								
3. Will the employer contribute to any portion of the premium? ☐ Yes ☐ No If "Yes," which product(s), and how much of a contribution? ☐ Dollar Value								
☐ Percentage								

CURRENT INSURANCE (if applicable)							
Current Carrier	Type of Coverage	Type of Coverage					
Number of Employees Covered	Effective Date of Coverage	Effective Date of Coverage					
PREMIUM PAYMENT							
Date Initial Deductions Will Begin:		:					
Deduction Frequency:							
☐ Weekly ☐ Bi-Weekly	☐ Semi-Monthly ☐ Monthly	□ Other					
Are you currently in a payroll deduction group with MAC, FLIC, or MLIC?  If "Yes," which company							
CAFETERIA PLAN (SECTION 125)							
Please answer the following questions, so we may properly set your account up and not cause any delays in							
processing:							
<ol> <li>Does your company currently have a Section 125 Cafeteria Plan in place? If "No," skip     questions 2-4.</li> </ol>							
2. The Company's 125 plan year is through							
3. Are the premiums to be sheltered under a Cafeteria Plan?							
4. Open enrollment period is held during the month of							
¥	77 8						
Enrolling Company Name	Home Office City	State					
Signature of Officer	Title	Date					

