

Flex Shield Questionnaire

AIG AIG Companies®

from the Domestic Accident & Health Division of the AIG Companies®

GROUP PROFILE

Legal Name of Employer _____

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 Employees _____ Number of Enrolled Employees _____

Domestic Partner Coverage Yes No

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

TYPE OF FUNDING

True Group (Minimum 50% Employer contribution and 75% employee participation requirement or 10 lives, whichever is greater)

Non-Contributory (100% Employer Paid and 100% employee participation)

Voluntary Group (Employee Paid and at least 20% participation requirement)

ELIGIBILITY WAITING PERIOD

New Employees First day of month coinciding with or following _____ days of employment.

Other _____

Present Employees 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 employees working 30 or more hours Other _____

RATES

EE Only \$ _____ EE + 1 (Spouse OR Child) \$ _____ EE + Family (Spouse AND Child(ren)) \$ _____

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)

Billing Option

Payroll Frequency Equals Remittance Frequency

Please select one: Bill 52 times per year/Pay 52 times per year 26 bill/12 remit 24 bill/12 remit 12 bill/12 remit

Payroll Frequency Does Not Equal Remittance Frequency

Please select one: Bill 52 times per year/Pay 12 times per year 26 bill/26 remit 24 bill/24 remit 12 bill/12 remit

Bill Monthly On The First Of The Month

REFUNDS

Credit Next Bill Check to Employer (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 EMPLOYER UNDERSTANDS AND AGREES

- The requested insurance will not become effective unless National Union Fire Insurance Company of Pittsburgh, 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 Pittsburgh, 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 <input type="checkbox"/> Yes <input type="checkbox"/> No	AIG Producer Code
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