



Cotton States Administrative Office
PO Box 506
Keene, New Hampshire 03431
Phone: (800)635-4467
Fax: (603)357-0250

Voluntary Universal Life Request for Underwriting Offer

A census including Employee Name, Gender, Date of Birth and Date of Hire must accompany each Request for Underwriting Offer.
Prior to enrollment: Agents and enrollers MUST be licensed and appointed with CSL in ALL enrollment states.

EMPLOYER INFORMATION

Employer Name:
Billing Address: City: State: Zip:
Phone: ( ) Fax: ( )
Years in Business: State of Domicile: Nature of Business:
Contact Name: Contact Title: Phone: ( )

If this is a multi-location case, list locations and number of employees at each:

Table with 6 columns for location and employee count.

EMPLOYEE DATA

Are eligible employees engaged in a hazardous occupation? Yes No If yes, give details:
Are any eligible employees covered by a collective bargaining agreement? Yes No
If yes, will the union control this benefit? Yes No
Are there any employees who do not speak English? Yes No If yes, what percentage %
What language do they speak?
If there are Non-English speaking employees, how will their enrollment be conducted?

ENROLLMENT DATA

Enrollment method: Group Meetings Individually Other (Please explain):
(Please note: Mail solicitation is prohibited.)
If this is a multi-location case, how will the enrollments take place in each location? As above Other
If other, please explain:
Are there any employees who cannot enroll on site? Yes No If yes, please explain:
When is UW Offer needed? / / Scheduled start date for enrollment:
Are there any benefit or employment changes pending or recently completed which could affect enrollment? Yes No
If yes, please explain:

BENEFITS INFORMATION

Table with 4 columns: Existing Benefits, Yes, No, Schedule / Description. Rows include Group Life, Individual Life, Voluntary Term Life, Disability Income.

Has this company previously sponsored a payroll deduction life insurance plan? Yes No
Carrier Date Installed Still in effect? Yes No
When was it last enrolled? / / How many policies are inforce?
What other products, if any, will be sold at the same time as Voluntary Universal Life Insurance?

PRODUCER DATA

Agency Name Agent #
Completed by Agency #
Date Phone #: SSN
Comments/Special Requests/Expectations: