



New Group Term Life Submission Checklist

- Completed Employer/Group Application**
- Completed Employee Enrollment Application** – (also includes refusal of coverage section) or Quick Enroll Census.
- Proof of Prior Coverage** – If applicable, please submit the most recent invoice indicating original effective date of coverage. For voluntary plans, please indicate each employee's original effective date.
- Employer Check** payable to BEST Life and Health Company for the first month's estimated monthly cost.
- A Copy of your Life Proposal**

Mail all the above items directly to:

BEST Life and Health Insurance Company

Attn: New Group Submission, 2505 McCabe Way, Irvine, CA 92614

Call 800.433.0088 or 888.210.BEST with questions.