



New Group Short Term Disability Submission Checklist

- Completed Employer Application** – Employer also needs to sign the Association and Trust Membership Agreement located on the back of the application.
- Completed Benefit Representative Statement** located on the back of the employer/group application.
- Completed Quick Enrollment Card** (for groups with 100% participation and previous experience) **or Employee Enrollment Application** – also include Refusal of Coverage Forms.

Special Note – If the employer is applying simultaneously for a BEST Life Medical Plan and a BEST Life Short Term Disability Plan, a Short Term Disability Quick Enrollment Card may be used instead.

- Quarterly Wage Report** – For groups with 10 or less enrolling. Please indicate on the Quarterly Wage Report which employees are full-time (FT), part-time (PT), seasonal (S), in their waiting period (WP), and waiving coverage (W). Provide current payroll for all full-time eligible new hires not appearing on the wage report.

Please Indicate the names of eligible owners or partners who do not appear on the quarterly wage report and provide completed Owner/Partner Statements.

- Proof of Prior Coverage** – If applicable, please submit the most recent invoice indicating original effective date of coverage and a copy of the current Certificate to verify the group's current pre-existing condition. 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 Short Term Disability Proposal**

Mail all the above items directly to:

BEST Life and Health Insurance Company

Attn: New Group Submission, P.O. Box 19721, Irvine, CA 92623-9721 or

2505 McCabe Way, Irvine, CA 92614

Call 800-433-0088 with questions.