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Everything Insurance Should Be®

- Input boxes for New, Re-Enrollment - All Employees, and Re-Enrollment - New Hires Only.

Worksite Case Qualifier

Agent name Agency code

Agency name

Email address Fax number

Name of employer

Total number eligible employees

Primary location of employer

Street City State ZIP Code

How many locations

Are there multiple state locations? If yes, indicate what states Yes No

Are all state licensing and appointment requirements fulfilled for agency and writing agents? Yes No

WARNING!

Applications will not be accepted for states where licensing and appointment requirements have not been met. Please contact licensing at 513-870-2257.

Census obtained? Yes No

Type of industry

Agency relationship to employer:

- Input boxes for Commercial Account written with CIC, Group Benefits Account, Personal Lines Referral, Commercial Account written with other, and Other.

Will products be offered in addition to Cincinnati Life products? Yes No

If so, what types of coverage are being offered?

Will group meetings be scheduled? Yes No

Will mandatory one-on-one meetings be scheduled? Yes No

Will the employer provide a contact person to support you during the enrollment? Yes No

Have you contacted your Life Sales Field Representative regarding this case? Yes No

Does the employer have significant fluctuations in seasonal help? Yes No

Is the personnel turnover rate greater than 25 percent? Yes No

Is the personnel composed of more than 50 percent family members? Yes No

Do you have a target date for this enrollment? Yes No

If so, when?

Are you going to use any additional staff/enrollers during the enrollment? Yes No

If so, who?

**Please check mark the products you wish to present:**

- |  |                                     |  |                                  |
|--|-------------------------------------|--|----------------------------------|
| <input type="checkbox"/> WS WL Pay to 100    | <input type="checkbox"/> WS Term 10 | <input type="checkbox"/> WS Term 20 ROP        | <input type="checkbox"/> WS DI 1 |
| <input type="checkbox"/> WS WL Paid Up at 65 | <input type="checkbox"/> WS Term 20 | <input type="checkbox"/> Non-Worksite Products | <input type="checkbox"/> WS DI 2 |

**Please check mark all pay frequencies that apply:**

- |                                 |  |   |                                  |
|---------------------------------|--|---|----------------------------------|
| <input type="checkbox"/> Weekly | <input type="checkbox"/> Bi-Weekly (26 pays) | <input type="checkbox"/> Semi-Monthly (24 pays) | <input type="checkbox"/> Monthly |
|---------------------------------|--|---|----------------------------------|

**If presenting worksite disability income products, please select from the following:**

**Benefit Period(s):**

- |                                   |                                    |                                    |
|-----------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> 6 months | <input type="checkbox"/> 12 months | <input type="checkbox"/> 24 months |
|-----------------------------------|------------------------------------|------------------------------------|

**Elimination period(s):**

- |                                |                                |                                |                                  |
|--------------------------------|--------------------------------|--------------------------------|----------------------------------|
| <input type="checkbox"/> 30/30 | <input type="checkbox"/> 60/60 | <input type="checkbox"/> 90/90 | <input type="checkbox"/> 180/180 |
|--------------------------------|--------------------------------|--------------------------------|----------------------------------|

**Optional Rider:**

- On-the-Job Accident Rider Not available for class C industries.

**Underwriting (home office use only):**

**DI1/DI2:**

- |  |                |
|--|----------------|
| <input type="checkbox"/> Contingent Guaranteed Issue Available | Industry _____ |
| <input type="checkbox"/> Simplified Issue Only                 | Class _____    |

**Comments:**