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NEW BUSINESS SOLD CASE CHECKLIST

Account Name:		Effective Date:	
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All materials should reach our office within 30 days after the effective date.

<input type="checkbox"/>	Employer Claims Disclosure Statement *:		
<input type="checkbox"/>	Deposit Premium including Premium Worksheet:		
<input type="checkbox"/>	Acceptance Form (signed and dated):		
<input type="checkbox"/>	Application (signed and dated):		
<input type="checkbox"/>	Medical Questionnaires if requested on proposal:		
<input type="checkbox"/>	Copy of the Schedule of Benefits Sold:		
<input type="checkbox"/>	Aggregated Specific:	<input type="radio"/> Yes	<input type="radio"/> No
<input type="checkbox"/>	Aggregate Accommodation:	<input type="radio"/> Yes	<input type="radio"/> No
<input type="checkbox"/>	Terminal Liability Option:	<input type="radio"/> Yes	<input type="radio"/> No
<input type="checkbox"/>	Census as of the Effective Date:		
<input type="checkbox"/>	Plan Document:		
<input type="checkbox"/>	Additional Requests made by the Underwriter on the Proposal:		

*Available at www.valenzhealth.com/stoploss or contact the underwriter