



Group Name:

Group Effective Date:

Quote Completed

Lines of coverage:

Medical	Quoted	Sold
Dental	Quoted	Sold
Vision	Quoted	Sold
Ancillary	Quoted	Sold

Paperwork Submitted

Prior Carrier Term Submitted

Benefit Admin System

Employee Kits

Online Access:

Employer / Agent	URL
------------------	-----

Compliance Documents:

Summary of Plan Description (SPD)	Benefit Notices	CAA Disclosure
-----------------------------------	-----------------	----------------

COBRA Docs if applicable—\*20+ Eligible Employees