

## SYMETRA SELECT BENEFITS LIMITED BENEFIT MEDICAL INSURANCE



To ensure you and your clients have the best opportunity to promote and enroll their new Select Benefits plan, it's important to have a great sales strategy.

Following this checklist allows Select Benefit Administrators of America (SBAA), the policy administrator, to properly set up the plan in order to best serve your clients and their employees.

### SALES PROCESS CHECKLIST

- Complete a proposal questionnaire and submit it to your Symetra representative. Be sure to include the effective date for the plan. *A formal proposal cannot be prepared without an effective date.*
- Have the policyholder sign the application and pricing matrix. For tips on filling out the application, see the Completing an Application section.
- Determine the enrollment date with the policyholder. Typically, the enrollment date is at least 30 days prior to the effective date.

#### 6 Weeks Before the Enrollment Date

- Mail the original, signed application and pricing matrix to:

Select Benefit Administrators  
PO Box 440 or 118 Third Street East (for overnight deliveries)  
Ashland, WI 54806  
Fax: 1-715-682-5919  
(If faxing, please also mail the original, signed paperwork.)

*SBAA must receive all signed paperwork by the 15th of the second month before the effective date. For example, if your client has an effective date of December 1, signed paperwork must be received by October 15.*

#### 4 Weeks Before the Enrollment Date

- Request enrollment materials from SBAA by calling 1-800-497-3699. Let them know:
  - How many packets you need.
  - Where to send them.

#### 3 Weeks Before the Enrollment Date

- Have the policyholder send our preapproved letter announcing the new plan (LGS-5522, also available in Spanish) to managers and supervisors.

#### 2 Weeks Before the Enrollment Date

Ask the policyholder to promote upcoming enrollment meetings by having them:

- Send our preapproved letter announcing the plan (LGS-5521, also available in Spanish) to all eligible employees.

*Download prospecting letters by logging on to [www.symetra.com/selectbenefits](http://www.symetra.com/selectbenefits). Click *Prospecting Letters* under the *Prospect and Market* tab.*

- Hang our poster (LGS-5513, double sided in English and Spanish) that tells employees when and where enrollment meetings are held.
- Distribute our enrollment insert (LGS-5742, also available in Spanish) in paychecks or other employee mailings.

*To order the enrollment poster and insert, visit [www.symetra.com/selectbenefits](http://www.symetra.com/selectbenefits). Click on *Access Pricing and Marketing Materials* and choose the policyholder's state from the dropdown menu. You can also order materials by contacting the Symetra Financial sales center at [invest@symetra.com](mailto:invest@symetra.com) or 1-800-706-0700.*

#### During the Week of Enrollment

- Help the policyholder conduct group meetings using the enrollment packets sent by SBAA.
- Send the appropriate premium and any paper enrollment forms to:

Select Benefit Administrators  
PO Box 440 or 118 Third Street East (for overnight deliveries)  
Ashland, WI 54806

Please make all checks out to *Select Benefit Administrators*.

#### 2 Weeks After Enrollment

After receiving enrollment information and premium, SBAA will send employee certificates and ID cards to the policyholder to distribute. (In some cases, enrollment packets may be sent directly to the insured.)

### COMPLETING AN APPLICATION

Use this sample application as a guide to ensure that your client's paperwork includes all the information Symetra needs to set up their new Select Benefits plan.

**SYMETRA**  
FINANCIAL  
Symetra Life Insurance Company  
777 88th Avenue NE, Suite 1000  
Bellevue, WA 98004

**APPLICATION**  
Select Benefit Administrators of America

Policyholder (Legal Name) \_\_\_\_\_ Administrative Contact \_\_\_\_\_  
 Street Address \_\_\_\_\_ Title \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ Requested Effective Date \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Nature of Business \_\_\_\_\_ *E.g. landscapers*

Number of Full-Time (Employees): \_\_\_\_\_ Number of Eligible (Employees): \_\_\_\_\_

Waiting Period for Plan Eligibility \_\_\_\_\_ *E.g. 1st of the month following date of hire*

Eligible Classes of (Employees) \_\_\_\_\_ *E.g. All full-time, part-time and seasonal employees working 20+ hours per week*

Open Enrollment Period at Renewal?  Yes  No

Plan Selected: \_\_\_\_\_ (Employee) Contribution \_\_\_\_\_ (Monthly) or \_\_\_\_\_ (Quarterly)

**Directions:**  
 1. Complete this form in its entirety.  
 2. Attach the plan matrix chosen by the [Employee] to the back of this sheet.

**Note: All Applications not fully completed will not be accepted and will be returned to the Agent/Broker.**

**Conditions:**  
 1. This Application is subject to acceptance by Symetra Life Insurance Company.  
 2. The initial rate guarantee will be for 12 months following the effective date.  
 3. This plan is not intended to replace major medical coverage.  
 4. All necessary administrative information concerning all covered persons shall be subject to the provisions of the policy and shall be furnished to Symetra by the [Employer].  
 5. All benefits shall be in accordance with those agreed to by Symetra.

**Deposit:**  
 A deposit of \$ \_\_\_\_\_ is hereby submitted to apply to the first premium payment due under the policy, if issued. Coverage is subject to Symetra Home Office approval and nothing contained herein shall be binding until approved. The deposit will be returned in full if coverage is not issued. Payment of a premium after delivery of the policy shall constitute acceptance of the terms and conditions.

**Please read the following notice that we are required by law to give to you.**  
 Any person who, with intent to defraud or knowing he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

**[Employer's] Application and Certification:**  
 I agree that all statements and answers recorded on this Application are true and complete to the best of my knowledge and belief, and shall form a part of any policy issued.  
 Signed by \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

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Include the requested effective date.

Note the type of business.

Add the amount of employer contribution.

Add the number of full-time and eligible employees.

Enter the employer's waiting period requirements.

Record the eligible classes of employees.

Have the employer sign and date the application.

**Servicing Agent's Certification:**

I hereby certify that:

a) All information set forth above is correct to the best of my knowledge;  
 b) I have complied fully with the underwriting guidelines;  
 c) I have explained this Application and the proposed insurance plan in detail to the applicant; and  
 d) To the best of my knowledge, the above [Employee] is financially sound.

I further certify that all agents involved in the presentation of this account

a) are licensed by Symetra Life Insurance Company; or  
 b) have submitted the necessary paperwork to become a licensed agent through Symetra Life Insurance Company.

Agency: \_\_\_\_\_  
 Agent Name (Print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Address \_\_\_\_\_ Agent License Number \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Tax ID Number \_\_\_\_\_  
 Telephone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ Stat. Number \_\_\_\_\_

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Sign and date the application.

Complete your agent information, including your license, tax ID and stat numbers.

For sales support, please call your Symetra Financial sales representative  
or contact the Symetra Financial sales center at  
1-800-706-0700 or [invest@symetra.com](mailto:invest@symetra.com).

**SYMETRA**<sup>SM</sup>  
FINANCIAL

Symetra Life Insurance Company  
777 108th Avenue NE, Suite 1200  
Bellevue, WA 98004  
[www.symetra.com](http://www.symetra.com)

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Select Benefits is insured by Symetra Life Insurance Company.