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Worksite Case Qualifier

Agent name, Agency name, Name of employer, Total number of employees, Primary contact at employer, Primary location of employer (Street, City, State, ZIP Code)

Are there multiple state locations? If yes, indicate what states
Are all state licensing and appointment requirements fulfilled for agency and writing agents?

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

Agency relationship to employer, Enrollment type, Enrollment

Will products be offered in addition to Cincinnati Life products? Will group meetings be scheduled? Will mandatory one-on-one meetings be scheduled? Will the employer provide a contact person to support you during the enrollment? Do you have a target date for enrollment? Will a strategic partner be enrolling this case? Are you going to use any additional staff/enrollers during enrollment?

How will premiums be paid? How are employees paid?

Please check all deductions frequencies that apply: (based on the employer's frequency of insurance deductions, not number of pay periods)

Date of first deduction: Payroll Authorization to employer by: Additional comments:

Fax or email completed form to your life sales field or worksite marketing representative.