



Headquarters: 6200 S. Gilmore Road, Fairfield, OH 45014-5141
Mailing address: P.O. Box 145496, Cincinnati, OH 45250-5496
cinfin.com 513-870-2000

Headquarter use
LB #
Cont. date
Frequency
Region

WORKSITE APPLICATION TRANSMITTAL

Use each time payroll deduction applications are submitted

EMPLOYER INFORMATION

Name of employer
Billing address
City/State/ZIP
Correspondence to
Phone
Fax
Email

SOLICITATION

Enrollment Type: Case Status: Meeting Type: List Bill #
New case, Re-enrollment, Completed, Continued, Face to face, Virtual

Total eligible employees
Employees seen
Employees left to be seen
Estimated completion date
Employees participating
Applications
Waivers (Required)
Annualized premium

PAYROLL DEDUCTION AUTHORIZATION: Deductions must begin with first paycheck of month prior to contract date.

Date of first deduction (mm/dd/yy):

PAY FREQUENCY

Weekly (52 per year), Bi-weekly (26 per year), Monthly bank draft, Semi-monthly (24 per year), Monthly (12 per year)

BILLING FORMAT

Alphabetically by payor, Alphabetically by department, By employee number/Social Security number

INITIAL BILLING (FOR NEW CASES ONLY)

Please send initial billing to Employer Agent

PREMIUM SPLITS FOR COMMISSION (First year and renewal)

Must be licensed and appointed with Cincinnati Life. Sum of percentages listed must equal 100%. For Type, indicate S for one Servicing Agent, AR for one Agent of Record and W for all other Writing Agents.

Table with 10 columns: Type, %, Name, GA #, Agent #, Type, %, Name, GA #, Agent #

OTHER INSTRUCTIONS OR SPECIAL REQUESTS (Unusual billing, etc.)

Blank lines for other instructions or special requests.

Date, General Agent, Agent Email

Please contact Worksite Marketing with any questions at 844-833-7766 or CLICWorksiteMarketing@cinfin.com

