



AGENT ALLIANCE

Expect Service, Expect Results

Companion Life New Business Checklist

Group Name _____ Requested Eff Date _____

Agent's Name _____ Agent's Phone/Fax #s _____ / _____

Required Documentation:

____ Agent Licensing Paperwork along with copies of agent/agency license(s) if this is agent's first case with Companion Life

____ Employer Application(s)

____ Employee Applications for all enrolling and waiving fulltime eligible employees

____ Copy of sold proposal(s)/rates

____ First month premium check made out to Companion Life

____ If group is enrolling with Dental and takeover credit to waive waiting periods is to apply, ALL of the following is required:

- 1) Copy of current billing statement from current Dental carrier
- 2) Copy of billing statement from 12 months ago from current Dental carrier
- 3) Copy of schedule of dental benefits from current Dental carrier

2700 W. Centre Ave. Suite B Portage MI 49024 P: 888.313.9571 F: 269.323.8847

AAC is an authorized independent Managing Agent for Blue Cross Blue Shield/Blue Care Network of Michigan.
"Blue Cross Blue Shield of Michigan and Blue Care Network are independent licensees of the Blue Cross Blue Shield/Association."