

# Program Request Form



1200 Colonial Life Boulevard, Columbia SC 29210

Please complete this form and email it to your region's Program Manager for approval. Forms must be filled out in their entirety to be reviewed. Once the form is reviewed, we will reach out to you for next steps. For additional questions visit Propr:

[Marketing > Get Working Conditions](#)

### Program Manager Contacts:

- Northeast: Katie Davis – [kadavis@coloniallife.com](mailto:kadavis@coloniallife.com)
- Southeast: Sarah Owens – [swowens@coloniallife.com](mailto:swowens@coloniallife.com)
- Northwest: Monique Peterson – [mjpeterson@coloniallife.com](mailto:mjpeterson@coloniallife.com)
- Southwest: Dre Dantzler – [aldantzler@coloniallife.com](mailto:aldantzler@coloniallife.com)

**Please submit forms prior to an enrollment beginning and allow a minimum of TWO business days for review.**

Agent Name:	Agent Code Number:
Agent Phone:	Territory Manager:

### Choose the program you'd like to request:

*Note: You may only choose ONE program per group!*

<input type="checkbox"/>	\$5,000 AD&D (New or Existing Group (PS Only), 10-499 Employees, 50% POPS) (Percentage of People Seen)
<input type="checkbox"/>	LawAssure (New or Existing Group, 10-499 Employees, 50% POPS)
<input type="checkbox"/>	InfoArmor (New Group, 10-499 Employees, 50% POPS)
<input type="checkbox"/>	ERISA (New Group, 100-499 Employees, 75% POPS)
<input type="checkbox"/>	Flu Shots (New Group, 50-499 Employees, 75% POPS)
<input type="checkbox"/>	MD Live (New Group, 10-499 Employees, 75% POPS)
<input type="checkbox"/>	Funded Flex Plan (New Group, 75-499 Employees, 75% POPS)

Group Name:	Number of employees:
-------------	----------------------

New or existing account: <input type="radio"/> NEW <input type="radio"/> EXISTING	BCN: E	State Group is Headquartered in:
---	--------	----------------------------------

Will you have 1-1 (face-to-face) enrollment sessions? (No benefit fairs)	<input type="radio"/> YES <input type="radio"/> NO
--	--

Has the employer agreed to the POPS (Percentage of People Seen) requirement?	<input type="radio"/> YES <input type="radio"/> NO
--	--

Are you utilizing Harmony? (Harmony is required for most programs)	<input type="radio"/> YES <input type="radio"/> NO
--	--

Is there a benefit bank?	<input type="radio"/> YES <input type="radio"/> NO
--------------------------	--

What products are being offered in the group? (Including core & group products).

Employee Paid Products: \_\_\_\_\_ Employer Paid Products: \_\_\_\_\_

*Must offer at least two employee-paid products. If there are EMPLOYER paid products, you cannot offer ERISA or Funded Flex.*

Enrollment start date:	Enrollment end date:
------------------------	----------------------

**Has a program been offered before?**  YES  NO If Yes, which program and when did it enroll?