



KANSAS CITY LIFE

GROUP BENEFITS

Kansas City Life Insurance Company / P.O. Box 219425 / Kansas City, Missouri 64121-9425 / 877.266.6767 / Fax: 816.531.4648

SOLD CASE CHECKLIST FOR OHIO

- ____ Signed Application for Group Coverage – **Form GA178**
Vision is not available.

- ____ Check for first month's premium made payable to: Kansas City Life Insurance Company

- ____ Completed employee enrollment forms – **Form GA 175**
 - Please contact your sales coordinator for pre-printed enrollment forms or census enrollment options
 - Either completed signed waivers or a list of waivers

- ____ If Applicable: Statement of Health forms – **Form GA 176-OH** for life amounts in excess of the guarantee issue limit

- ____ For All Replacement Coverage provide a copy of the prior carrier's benefit booklet or policy.
 - Applicable to Dental only also provide:
 - Prior Carrier's most recent bill
 - Deductible report from prior carrier. If no report is supplied employees/dependents will be required to submit the prior carrier's EOB to prove calendar year deductible has been met

- ____ If agent is not contracted with KCL, request licensing materials from the sales coordinator