



SOLD CASE CHECKLIST

_____ Request for Participation for Life, STD, LTD or Dental Coverages
Original signed copy, dated PRIOR to the effective date

_____ MMA – **Case Information Form** (attached)

_____ Risk Assessment Summary Form (**for all coverages except Dental**)

_____ **Signed** Copy of Proposal showing Benefits or Description of Coverage(s) sold

_____ Enrollment Form for each employee (**Enrolling & Declining**)

_____ If enrolling for **LIFE** insurance please be sure to have employees fill out a Beneficiary Form. We do not collect these forms but ask that the employer maintain a copy in the Employee’s file.

_____ Prior carrier’s booklet and most recent bill

_____ Deposit check equal to 1st months **premium**; payable to **MMA Service Corporation**

_____ **Membership dues**; payable to **Michigan Manufacturers Association**

_____ Membership Application

_____ Producer Appointment Inquiry Form with copy of appropriate state license(s) - if not previously appointed with MetLife

_____ Benefit Administrator’s Name: _____ Phone: _____
Fax: _____

_____ Proof of COBRA Elections (Copy of election form and/or prior carrier’s billing statement showing COBRA eligibility, attach to enrollment form. For individuals in the process of electing COBRA, submit a list of those individuals with a copy of the employer’s offer letter)

_____ Proof of Active full time employment for employees age 70 + (a wage report or W-2)

_____ ****Statement of Health * FOR ALL UNDER 10 LIFE GROUPS***

Return all completed information to the following address prior to the effective date. If insurance is currently inforce, do not cancel coverage until receipt of a risk letter from MMA/MetLife.

MMA—MetLife SBC
100 East Big Beaver Road, Suite 320
Troy, MI 48083

Phone: 800-645-2371
Fax: 800-396-1714