

# Enrollment Forms Central Reserve Life

## Professional Multi-Option

- Professional Multi-Option Brochure (PRB-0463)**
  
- Group Insurance Application**  
Completed in full with complete medical disclosure for each employee  
Requested effective date  
Groups size 2-9: APL-GRP49EZ  
Groups 10-50: APL-0050  
Groups 51+: APL-0131
  
- Health History Questionnaire (AEF-G125)**  
To be completed for groups of 2-9 employees by each employee
  
- Participation Request and Agreement (PRQ-GPT2)**  
Employer Application
  
- Additional Required Forms:**
  - ~ Non-Participating Employee Waiver (AEF-0186)
  - ~ Waiver of Dependent Coverage (AEF-0137)

### Submission Requirements

- First Month's Premium Payment**
  
- Current Wage & Tax Statement**  
Reconciled
  
- Prior Carrier Most Current Billing Statement**  
Past 12 months (or at least 1 from 12 months ago) recommended to assist in pre-ex credit
  
- Copy of Quote**