



Census Enrollment Instructions

This spreadsheet may be used to enroll new groups of 10 or more employees for any combination of the following Companion Life coverage (all must be non-contributory or contributory except Voluntary Dental):

1. Group Term Life, AD&D and Dependent Life
2. Short Term Disability
3. Long Term Disability
4. Dental by Design
5. Voluntary Dental (not Dual Option)
6. Vision by Design

Instructions For Completion of Companion Life Census Enrollment Form

1. Complete for applicable sections based on the type of enrollment request.
2. Save Spreadsheet to a different name. (Select File, Save As, and create a new name such as ABC Group.xls.)
3. E-mail the spreadsheet to censusenroll@companiongroup.com.

In addition to the spreadsheet enrollment file, please submit the following:

- ✓ **Completed Employer Application.** For Group Life, AD&D, Dependent Life, STD and LTD use Form #11383. For Dental by Design use Form #95187. For Voluntary Dental use Form #95990. For Vision by Design use either Form# 95275 or #95224. Employer Applications may be found on our Web site, www.CompanionLife.com. Click on Agent Information and then select Group Enrollment Guide hyperlink.
- ✓ **Completed Commission Schedule/Licensing Information and Business Agreement.** This form is located on our Web site, www.CompanionLife.com. Select Agent Information, click on the Product Brochures hyperlink, and select Miscellaneous.
- ✓ **Employer's check for the first month's premium.**
- ✓ **Copy of Bursar's Receipt or School Schedule for dependents who are listed as full-time students.**
- ✓ **For Dental Takeover Benefits when Replacing Group Coverage**, include the following:
 - A copy of the most recent premium statement of the current carrier, listing names of the participants (including their effective dates of coverage).
 - The current Dental certificate booklet. If the prior carrier's bill does not include the effective date of coverage, please note this information next to each employee's name. This will ensure correct credit for transfer of benefits.

Note: Current dental plan must have been in effect continuously for at least 12 months prior to the effective date of this plan. Please see our brochure or your proposal for details.

Employer must maintain beneficiary designations on file to submit at time of death claim. **Voluntary coverage (Life, STD, LTD), for which employees pay 100% of the cost of the premium, and dual option Voluntary Dental coverage require the completion of individual employee enrollment forms and may NOT be enrolled by Spreadsheet.** Employee Enrollment Forms may be found on our Web site, www.CompanionLife.com. Click on Agent Information and then select Group Enrollment Guide hyperlink.

My Benefits Companionsm, Companion Life's online administration system, should be used for changes (additions, terminations, etc.) to existing group coverage. You may access **My Benefits Companion** through our Web site at www.CompanionLife.com by clicking the Group Administrator button from the home page.