

## Submission Checklist for Short Term Disability Groups

- Employer Enrollment Form**  
Employer must also sign the Association and Trust Membership Agreement located on the back of the form.
- Employee Enrollment Form**  
Include refusal of coverage section.  
A quick enrollment card may be used for groups with 100% participation and previous experience.  
If the employee is applying simultaneously for Medical and Short Term Disability plans, a quick enrollment card may be used instead.
- Quarterly Wage Report**  
For groups of 10 or less enrolling – Indicate on the quarterly wage report which employees are:  
FT – Full-time  
PT – Part-time  
S – Seasonal  
IE – Ineligible  
WP – Waiting for coverage  
W – Waiving coverage
- Payroll**  
Provide current payroll for all full-time eligible new hires that do not appear on the wage report.
- Eligible Owners and Partners**  
Indicate the names of eligible owners or partners who do not appear on the quarterly wage report and provide owner/partner statements.
- Proof of Prior Coverage**  
Submit the most recent invoice indicating the original effective date of coverage.
- Employer Check**  
Made payable to BEST Life and Health Insurance Company for the first month's estimated cost.
- Copy of Short Term Disability Proposal**

**Mail all the above items to:**

New Group Submissions  
BEST Life and Health Insurance Company  
17701 Mitchell North  
Irvine, CA 92614-6028

**800.433.0088** or **cs@bestlife.com**