

AGENT AND BROKER NEW GROUP SUBMISSION

Prior to placing new business with Southland Benefit Solutions (SBS), you must be licensed, contracted and appointed in the state of the account for which you are writing business. If you are currently appointed with Southland National and are submitting a group, please take the following steps:

STEP 1

Complete the [Group Dental Master Application](#) and the [Group VisionChoice Master Applications](#) when applicable. All information on both forms must be completed and the forms signed by you and the client.

STEP 2

Have all employees complete and [Enrollment/Change Application](#). If an employee declines to take coverage or is covered by another plan, the employee should still complete a form but only indicate his/her name at the top and make a notation at the bottom of the form stating the reason for not taking the coverage. This information will be used to ensure participation requirements are met.

STEP 3

Obtain a check for the group's first month's premium made payable to Southland National Insurance Corporation.

STEP 4

Complete the [Group Benefits Transmittal](#) in its entirety. All information must be completed to ensure proper group and benefits set-up. Attach a copy of the original proposal(s) that was approved by the client.

STEP 5

If available, submit a copy of the most recent detailed billing statement listing individuals currently covered under the plan. This information is helpful for a takeover group where waiting periods exist.

STEP 6

Submit the entire package to Southland Benefit Solutions at the following address:

Southland Benefit Solutions
Attn: Joanna S. Jungen
P.O. Box 1250
Tuscaloosa, AL 35403-1250

If you have any questions regarding any of these documents, please contact Joanna S. Jungen @ 1-866-839-5308 or jjungen@southlandbenefit.com

SOUTHLAND NATIONAL INSURANCE CORPORATION GROUP BENEFIT TRANSMITTAL

GENERAL INFORMATION	Company (Group) Name	Agent/Broker of Record:	Company:
	Street Address	Commissions/Commissions Assigned To:	
	City, State, Zip	Agency:	%
	Billing Address (if different from above)	Broker:	%
	Benefits Administrator	GA:	%
	Phone#	ID Card Mailing	<input type="checkbox"/> Company
	Address (if different)		<input type="checkbox"/> Subscriber Home (requires approval)
	Billing Contact (if different)	Certificate Mailing	<input type="checkbox"/> Company
	Phone #		<input type="checkbox"/> Subscriber Home (requires approval)
	Address (if different)	DENTAL PRODUCT DETAIL - ATTACH A COPY OF PROPOSAL	
	Section 125 (Pre-tax)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	VISION PRODUCT SELECTION		
	Vision Choice	<input type="checkbox"/>	
	Superior Vision	<input type="checkbox"/>	
	<i>(if Superior Vision is chosen, please attach a copy of proposal)</i>		
	Not Applicable for this group	<input type="checkbox"/>	
	Section 125 (Pre-tax)	<input type="checkbox"/> Yes	<input type="checkbox"/> No