

Headquarters: 6200 S. Gilmore Road, Fairfield, OH 45014-5141 Mailing address: P.O. Box 145496, Cincinnati, OH 45250-5496

*cinfin.com* 513-870-2000

## Worksite Case Qualifier

New Re-Enrollment - All Employees	Re-Enrollme	ent - New Hires Only	
Agent name	Emai	1	
Agency name		Age	ncy code
Name of employer			
Type of industry	Total nι	umber of eligible employees	
Primary contact at employer	Phone		
Primary location of employer	O't -	Olate	710.0.4
Street	City	State	ZIP Code Yes No
Are there multiple state locations? If yes, indicate what state	es		
Are all state licensing and appointment requirements fulfille	d for agency a	and writing agents?	
Applications will not be accepted for states where licen Please contact licensing at 513-870-2257.	ising and app	pointment requirements hav	e not been met.
Agency relationship to employer:			
Commercial account with CIC Group benefits a	account	Commercial account writt	en with other
Personal Lines referral Other:			
			Yes No
Will products be offered in addition to Cincinnati Life product	cts?		
If yes, what types of coverage are being offered?			
Will group meetings be scheduled?			
Will mandatory one-on-one meetings be scheduled?			
Will the employer provide a contact person to support you during the enrollment?			
Do you have a target date for enrollment? If yes, when?			
Are you going to use any additional staff/enrollers during enrollment?			
If yes, who? All enrollers must be life licensed.			
Please check all pay frequencies that apply:			
		Manthly hank draft	
☐ Weekly (52 per year) ☐ Semi-monthly (24 p	• •	Monthly bank draft	
Bi-weekly (26 per year)	ar)		
Additional comments:			

Fax or email completed form to your life sales field or worksite marketing representative.

Form CLI-8541 (6/18)