

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
P.O. Box 3023
Meridian, ID 83680-3023

800.433.0088 or cs@bestlife.com