

Submission Checklist for Life Groups

- Employer Enrollment Form**
- Employee Enrollment Form**
- Include refusal of Coverage section or quick enroll census.**
- Beneficiaries**
- Or employer letter stating they are holding the beneficiary file.**
- Employer Check**
- Made payable to BEST Life and Health Insurance Company for the first month's estimated cost**
- Copy of Life 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