

# NEW GROUP CHECKLIST

Use this New Group Checklist as a guide when submitting a new group with Benefits by Design (BBD) Inc.

Name of Group: \_\_\_\_\_

**GROUP MASTER APPLICATION**  
A [Group Master Application](#) completed and signed by the Advisor, Policyholder, and Witness.

**THE FINAL PLAN DESIGN**  
The final plan design, including a proposal outlining the sold plan design.

**ANY APPLICABLE ADDENDUMS**  
Any applicable addendums, including the [ClaimSecure Addendum](#), [Cost Plus Addendum](#), [Green Shield Canada \(GSC\) Addendum](#), or [Standalone Addendum](#).

**A COMPLETE PRE-AUTHORIZED DEBIT PLAN (PAD) FORM**  
If applicable.

**A BINDER CHEQUE**  
A Binder Cheque, payable to Benefits by Design (BBD) Inc., and dated no later than the Effective Date of the plan, if applicable.

**GROUP EMPLOYEE HEALTH INFORMATION FORM**  
A completed Group Employee Health Information Form is required for employees applying for amounts over the quoted Non-Evidence Maximum (NEM), or if applying for coverage over the eligible grandfathered amount.

*If the group is located in British Columbia, use this Health Information Form (West).*

*For all other Provinces, use this Health Information Form (East)*

*Booklets and ID cards will not be issued until the Binder Cheque has been cashed.*

**GROUP INSURANCE EMPLOYEE ENROLLMENT**  
All [Group Insurance Employee Enrollment Forms](#) completed by each eligible employee

**Are any Employee Enrollment Forms still outstanding? Y / N**

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## TAKEOVER BUSINESS

To ensure continuation of coverage, please do not cancel coverage until BBD can confirm that we are able to approve coverage as requested. When submitting a sale for takeover business, please include:

- DEDUCTIBLE LISTING**  
Deductible Listing (if the group has a deductible on the plan) listing all employees who have satisfied the deductible for the current year.
- CURRENT BILLING STATEMENT**  
Current Billing Statement, showing individual employee's names and coverage amounts.
- EHC POLICY PROTECTION PLAN STATEMENT**  
Most recent Extended Health Care (EHC) Policy Protection Plan (EP3) Statement.
- PRIOR PLAN DESIGN**  
Prior Plan Design, showing the benefit schedule and pre-existing condition clause, for continuity of coverage.

## COMMISSIONS

Please confirm applicable payee(s) for this sale and whether commission should be paid per month or annualized\* for the first year.

If you're a new Advisor to BBD, you'll need to complete the Associate's Agreement in order to get set up as a partner of ours and begin receiving commissions.

*\*Annualized commissions require a minimum of three sales with BBD and are subject to an annualization factor.*