



**Headquarters:** 6200 S. Gilmore Road, Fairfield, OH 45014-5141  
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*cinfin.com* ■ 513-870-2000

## Worksite Case Qualifier

☐ New ☐ Re-Enrollment - All Employees ☐ Re-Enrollment - New Hires Only

Agent name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Agency name \_\_\_\_\_ Agency code \_\_\_\_\_

Name of employer \_\_\_\_\_

Type of industry \_\_\_\_\_ Total number of eligible employees \_\_\_\_\_

Primary contact at employer \_\_\_\_\_ Phone \_\_\_\_\_

Primary location of employer \_\_\_\_\_  
Street City State ZIP Code

Are there multiple state locations? If yes, indicate what states \_\_\_\_\_ ☐ Yes ☐ No

Are all state licensing and appointment requirements fulfilled for agency and writing agents? . . . . . ☐ Yes ☐ No

**Applications will not be accepted for states where licensing and appointment requirements have not been met.  
Please contact licensing at 513-870-2257.**

Agency relationship to employer: ☐ Commercial account with CIC ☐ Personal Lines referral ☐ Group benefits account  
☐ Commercial account with other ☐ Other: \_\_\_\_\_

Enrollment: ☐ Face to Face ☐ Virtual ☐ Combination: Face to face \_\_\_\_\_% Virtual \_\_\_\_\_%

Enrollment type: ☐ Paper ☐ Electronic

Will products be offered in addition to Cincinnati Life products? Yes No  
☐ ☐

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? (Should be within 60 days) \_\_\_\_\_ ☐ ☐

Will a strategic partner be enrolling this case? If so, what is the premium split? \_\_\_\_\_ ☐ ☐

Are you going to use any additional staff/enrollers during enrollment? . . . . . ☐ ☐

If yes, who? **All enrollers must be life licensed.** \_\_\_\_\_

How will premiums be paid? ☐ 100% employee contribution ☐ All/partial employer contribution

How are employees paid? ☐ W2 ☐ 1099

Please check all deductions frequencies that apply:

(based on the employer's frequency of insurance deductions, not number of pay periods)

☐ Weekly (52) ☐ Bi-weekly (26) ☐ Semi-monthly (24) ☐ Monthly (12) ☐ Monthly bankdraft

Additional comments: \_\_\_\_\_

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