

Worksite Advantage

Standard Payroll Deduction (PD) Required Forms Packet

Agent _____

AO Number _____ **Agency Number** _____

Agency Owner _____

Company _____

Attach all forms and employee list to the Worksite Account in EPIC.
Tag (@WorksiteApproval) for all communication concerning the Worksite Account.
Tag (@FranchiseActivity) when attaching an updated employee list.

COMPANY INFORMATION

Name of Company	Account #	() - Phone Number	() - Fax Number	Total # Eligible Employees
Company Billing Address	City		State	ZIP
Company Physical Address (if different from billing address)	City		State	ZIP
Employer/Owner/Decision-Maker	() - Phone Number	Email Address		
Company Billing/Payroll Contact (Person who handles deductions)	() - Phone Number	Email Address		
Does Company use <input type="checkbox"/> payroll company or <input type="checkbox"/> accountant?				
Payroll Company or Accountant (if applicable)	() - Phone Number	Email Address		

BILLING INFORMATION

1. Premiums are deducted: (check one) **weekly** (52) **bi-weekly** **semi-monthly** **monthly**

2. Payments will be sent: (check one) **weekly** (52) **bi-weekly** (26) **semi-monthly** (24) **monthly** (12 bills)

every 4 weeks (13 billings per year) **semi-monthly** (20 bills) gov't/schools **monthly** (12 bills -4/4/5)
Circle Payroll Deduction Day of the week
M T W TH F SA SU

9 monthly (9 bills) gov't/schools **10 monthly** (10 bills) gov't/schools **monthly** (12 bills -2/2/3)
Fill in the Employer's 1st payroll deduction of the calendar year

01
mm dd yyyy

3. Request Online Billing **Yes** **No**

4. Type of Business (Give Details) _____

5. Date Company was established mm yyyy (Must be at least 1 year old)

6. Enrollment Period From mm dd Through mm dd

First Deduction Date mm dd yyyy Policy Effective Date mm dd yyyy

7. Employees should be listed on billing in what order? (check one) **Alpha** **SS#** **EE#**

8. Are any of the employees leased? **Yes** **No**

SECTION 125 SPECIAL INFORMATION

1. Are existing Payroll Deduction policy premiums being redirected to allow pre-tax salary reductions? **Yes** **No**
If "yes," premiums must be shown on the employee's election forms and employees listed on the New Business form.

2. Section 125 policies should be billed: **on the same billing as other policies** **on a separate billing**

AO #: _____ Agent Number: _____ Agency Number: _____

PAYROLL DEDUCTION AGREEMENT
BETWEEN
LIBERTY NATIONAL LIFE INSURANCE COMPANY
AND

COMPLETE NAME OF EMPLOYER (FIRM)

For the benefit and convenience of its employees, _____,
(hereinafter referred to as the "Employer") agrees to provide for payroll deduction for insurance
by Liberty National Life Insurance Company, McKinney, Texas (hereinafter referred to as
"Liberty National Life").

Each employee will authorize payroll deduction in a manner agreeable to the Employer and
Liberty National Life. An employee may stop payroll deduction by providing appropriate notice
to the Employer and Liberty National Life.

Deductions on a schedule to be agreed upon by Liberty National Life and the Employer will
be made from salary paid to employees and such deductions will be paid promptly by the
Employer to Liberty National Life.

The Employer assumes no responsibility for payroll deduction after the termination of
employment of an insured employee, or after an employee stops payroll deduction by
providing appropriate notice.

The Employer agrees to continue deductions and remit all premiums as long as the employee
agrees to pay for their coverage. Either the Employer or Liberty National Life may terminate
this Agreement as of any date by giving at least 30 days written notice to the other prior to
such date. After termination of this Agreement, the payment of premiums shall be entirely and
directly between each employee and Liberty National Life.

Signature of Employer:

AO #: _____

Date: _____

Agency: _____

By: _____

Agent Name: _____

Title: _____

Signature of Agent:

Signatures of Affiliated Employers:

By: _____

Signature of Agency Director:

Title: _____

By: _____

Signature of Agency Owner:

Title: _____

LIBERTY NATIONAL LIFE INSURANCE COMPANY APPLICATION FOR GROUP TERM LIFE

Administrative Office:
P.O. Box 8080
McKinney, Texas 75070

1. a. **Group Policy Number:** LNGE0

b. **Holder:** _____

2. **Group Effective Date:** Date of first premium deduction

3. **Eligible Person:** Current employees, retired employees, former employees and directors of
the Holder, and their dependents

Authorized Signature for the Policy Holder

Date

Agent Signature

AO#

Agency

(Not required for
5 digit AOs)

The signing of this application by the Policy Holder (employer) does not constitute an endorsement of Liberty National Life Insurance Company or the Group Term Life Insurance product.

Typed employee list with hire dates must be signed by the employer/payroll administrator. List only those employees who work 28 or more hours per week.

XYZ BUSINESS

1234 STREET AVE, SUITE 321
DALLAS, TX 75000
p: 123.555.1234 f: 123.555.2345
www.xyzbusiness.com

Below is a complete list of XYZ Business employees and their hire dates:

Adams, Chris	February 12, 1992
Douglas, Marsha	September 2, 2000
Dugan, Janelle	March 17, 2002
Evans, Dan	August 28, 1999
Frank, Jim	January 15, 1997
Gregory, Nancy	March 22, 2000
Hudson, Mary	November 5, 2006
Jackson, Sam	October 2, 2003
Jones, Mark	July 21, 2001
Lawton, Judy	April 3, 2009
Michaels, Eric	December 11, 2004
Peterson, Tom	March 21, 2009
Smith, Jay	June 10, 2005
Wilson, Wendy	May 4, 2007

Jane Smith

Employer/Payroll Administrator Signature

SAMPLE