

Group Administration

To allow sufficient processing time, all MetLife submission materials need to be submitted prior to the requested effective date. If the insurance is currently in-force, please do not cancel coverage until receipt of risk acceptance letter from MetLife.

Group Information - CoPower communication is by electronic mail

Company Name:		
Contact Name:	E-mail:	
If you wish to opt out of E-mail communication, check this box <input type="checkbox"/> and provide mailing address below.		
Street Address:		
City:	State:	Zip:
Total # of Employees: _____	Total # of Eligible Employees: _____	
Group COBRA Status: <input type="checkbox"/> Cal-COBRA <input type="checkbox"/> Fed-COBRA	<i>Employed 2-19 (Cal-COBRA) or 20+ (Fed-COBRA) eligible employees on at least 50% of its working days in the previous calendar year</i>	
Domestic Partners allowed to enroll? <input type="checkbox"/> Yes <input type="checkbox"/> No	Children of Domestic Partners eligible to enroll? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Zywave HR Enrollment: <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Employers have access to a 3-month subscription subject to extension if services are utilized.</i>	

MetLife (2-99)

Prior Carrier: <input type="checkbox"/> None	Cancel Date:	Total # of Enrolling Employees: _____
MetLife Plan Selection (<i>Dual Choice Dental available for groups of 10+</i>):		
<input type="checkbox"/> Dental _____	<input type="checkbox"/> Vision _____	<input type="checkbox"/> Life _____ <input type="checkbox"/> LTD _____

Payment/Invoice - CoPower communication is by electronic mail

Invoices If you wish to opt out of E-mail invoices, check this box

Contact Name _____ E-mail address _____
The above information will be used to authenticate access to the invoice. You must notify CoPower if this contact or e-mail address changes.

Initial Payment Do you wish to have your initial payment debited from your company account?
 Yes Please complete the bank information below, enter the premium amount.
 No Please submit a company check made payable to CoPower.

Ongoing Payment Do you wish to have your monthly invoice amount automatically debited from your company account?
 Yes Please complete the bank information below. (*Allow up to one billing cycle to process your request. You must continue to submit your payment until your invoice indicates that the amount due will be debited from your account.*)
 No

Bank Account Information (*must be a Checking Account*)
 Account Holder's Name (if different from above): _____

Name of Bank: _____
 Bank Address: _____
 Bank Routing Number: _____
 Account Number: _____
 Premium Amount – Number (e.g. \$50): \$ _____
 Premium Amount – Written (e.g. fifty dollars) _____ dollars

I hereby authorize CoPower to initiate debits from the account identified above. I understand it remains in effect until I give written notice to CoPower, which I must do by the 20th of the month. If I want to change the banking information that CoPower debits, I will submit a new Direct Debit Authorization form by the 20th of the month. In the event a debit is made to my account in error, I authorize CoPower to make a correcting entry to my account. CoPower will notify me of payments returned for insufficient funds or close accounts, and repayment instructions.

Producer Statement (Must be completed for commissions. Producers (agent or agency) must have a signed Producer Agreement with CoPower.)

Producer's Signature:	Producer's Signature:				
Producer's Name (print):	Producer's Name (print):				
Federal Tax ID or SSN:	Federal Tax ID or SSN:				
Company Name:	Company Name:				
Address:	Address:				
City:	City:				
State:	Zip:	Date:	State:	Zip:	Date:
Telephone:	Fax:		Telephone:	Fax:	
E-mail:	E-mail:				
Make commissions payable to: <input type="checkbox"/> Producer <input type="checkbox"/> Agency	Make commissions payable to: <input type="checkbox"/> Producer <input type="checkbox"/> Agency				
Multiple producer split: <input type="checkbox"/> Yes <input type="checkbox"/> No	Percentage of split: %	Multiple producer split: <input type="checkbox"/> Yes <input type="checkbox"/> No	Percentage of split: %	Multiple producer split: <input type="checkbox"/> Yes <input type="checkbox"/> No	Percentage of split: %