
 <p>A member of the American Fidelity Group</p> <p>FUNCTIONAL PROCEDURES</p>	EFFECTIVE DATE: <i>January 1, 2000</i>	PAGE: 1
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	REVISION: <i>March 1, 2000</i>	REVISED BY: <i>SS</i>
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The AFA New Business Data Sheet (AWD-0001) contains information needed by the Home Office to correctly process new Master Contract Participants (MCP's) and changes to existing MCP's.

An AWD New Business Data Sheet **must** accompany new MCP's, existing MCP's with changes or new lines of coverage or an MCP Service Review (re-service).

INSTRUCTIONS FOR COMPLETING THE AFA NEW BUSINESS DATA SHEET

- 1) Date – Complete the current date
- 2) Requested Effective Date – The effective date the business will go into effect.
- 3) Section 125: Begin Plan Year Date – The beginning date of the Section 125 plan year (if applicable)
- 4) Section 125: End Plan Year Date – The end date of the Section 125 plan year (if applicable)
- 5) Waiting Period – The waiting period employees must be employed before becoming eligible for coverage
- 6) Cash With App? – Will the first payment accompany the applications when business is submitted for processing? Answer yes or no.
- 7) FIRM (MCP) # - The Master Contract Participant Number assigned by the Home Office.
- 8) FIRM (MCP) Name – The legal name of the Master Contract Participant.
- 9) GROUP (MCH) # - The Master Contract Holder Number assigned by the Home Office to the Association or Employer.
- 10) GROUP (MCH) Name – The legal name of the Master Contract Holder Association or Employer.
- 11) Agent # - Complete the Number of the Agent of Record.
- 12) Agent of Record Name – Complete the Name of the Agent of Record.
- 13) Participation Section
 - a) Elimination Period / Benefit Period / Amount – The Elimination Period and Benefit Period for disability; and, amount of coverage for Group Life and **GAP PLAN** for each line of coverage.
 - b) Number of Full Time Eligible Employees – List the number of full time eligible employees for each line of coverage.
 - c) Number of Existing Insureds – List the number of existing insureds for each line of coverage.
 - d) Number of New Applications – List the number of new applications taken for each line of coverage. So not include changes on existing insureds.
 - e) Employer Contribution – List the amount of employer contribution for each line of coverage.
 - f) Participation Percent – Enter the percent of participation by line of coverage by calculating the number of eligible employees (B) by the number of applications taken (Add Column C to Column D, then divide by column B).

 <p>American Fidelity Assurance Company A member of the American Fidelity Group</p> <p>F U N C T I O N A L P R O C E D U R E S</p>	EFFECTIVE DATE: <i>January 1, 2000</i>	PAGE: 2
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- 14) Is the firm a member of an endorsed Association? – Answer yes or no. If yes, please fill in the name of the association.
- 15) How many full time employees under age 70 are working 25 or more hours per week? – Enter the number of full time employees.
- 16) How many part time employees? – Enter the number of part time employees.
- 17) How many employees are in the waiting period? – Enter the number of employees that have not yet satisfied the waiting period.
- 18) Takeover of Pre-Ex – Answer yes or no. If yes, attach the required takeover information.
- 19) Special Quote by Risk Management? – Answer yes or no.
- 20) Name of employee(s) that have been denied : – List the name(s) of employees that have been declined coverage by American Fidelity on a previous application.
- 21) Other reasons not eligible: - List other reasons an employee may not be eligible.
- 22) Do you keep a signed form on record which shows the employee rejected the coverage? – Answer yes or no if the firm keeps a signed record of employees that were offered and rejected coverage.
- 23) Is the firm in common ownership with another firm? – Answer yes or no if the firm is common ownership. If yes, list the name and MCP Number (if available) of the firm.