

Please use this checklist to ensure that all forms and information needed to process your group application are included in the submission packet to Claremont Insurance Services.

Lincoln Financial Group Enrollment Checklist

For new **Employer-Paid or Contributory cases**, the following is required:

- Completed Application for Group Business
- Employee Enrollment Forms OR
 - Census (for non-contributory plans)
- Copy of sold quote
- Business check in the amount of the first month's premium, payable to Lincoln Financial

For new **Long-Term Disability cases**, the following information is required:

- Copy of prior plan (if applicable)

For new **Dental cases**, the following information is required:

- Copy of prior bill (if applicable)

Please mail all completed documents to:

Claremont Insurance Services
2999 Oak Road, Suite 810
Walnut Creek, CA 94597

For further assistance or help with open enrollment meetings, underwriting, claims, or renewals, please contact Claremont at **800.696.4543** or email **quotes@claremontcompanies.com**.