

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 Voluntary Product Group Enrollment Checklist

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

- Completed Participation Agreement for Voluntary Coverages
- Employee Enrollment Forms
- Evidence of Insurability Forms (if applicable)
- Copy of sold quote

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

- Copy of prior plan (if applicable)

For new **Voluntary Dental and Life 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**.