

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:
HR360 Enrollment (<i>Free Online HR Support</i>): <input type="checkbox"/> Yes <input type="checkbox"/> No		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	
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 <input type="checkbox"/>	
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?	
<input type="checkbox"/> Yes Please complete the bank information below, enter the premium amount and attach a copy of a voided check.	
<input type="checkbox"/> 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?	
<input type="checkbox"/> Yes Please complete the bank information below and attach a copy of a voided check. (<i>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.</i>)	
<input type="checkbox"/> No	
Bank Account Information (<i>must be a Checking Account</i>)	
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 20 th 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 20 th 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:	State:		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: %