



# Agent and Broker New Group Submission

**Prior to placing new business with Southland Benefit Solutions, you must be licensed, contracted and appointed in the state of the account for which you are writing business.**

\_\_\_\_\_ Complete the Product MASTER APPLICATION(S) – please ensure each form is completed in its entirety and signed by both you and the client (if applicable).

\_\_\_\_\_ Return a copy of the SOLD Proposal(s) with the client’s signature.

\_\_\_\_\_ Submit completed enrollment via ELECTRONIC CENSUS or PAPER APPLICATION; if applicable, ID cards will be issued within 7 – 10 business days of receipt of completed enrollment.

\_\_\_\_\_ Submit all documents and enrollment to your Regional Manager;  
 Dan Leavell ([dleavell@southlandbenefit.com](mailto:dleavell@southlandbenefit.com)) or Nancy Trammell ([ntrammell@southlandbenefit.com](mailto:ntrammell@southlandbenefit.com)).

GENERAL SET-UP INFORMATION	
Group Name	
Effective Date	

DENTAL PRODUCT DETAIL			
Section 125 (Pre-tax)	<input type="checkbox"/> Yes <input type="checkbox"/> No	ID Card Mailing	<input type="checkbox"/> Group
COBRA Setup	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> EE Homes
<input type="checkbox"/> Remain on Group Bill	<input type="checkbox"/> Bill Member Direct		<input type="checkbox"/> Agent / Broker
Group Documents	<input type="checkbox"/> To Group <input type="checkbox"/> To Agent / Broker to deliver to Group		

DENTAL COMMISSION ASSIGNMENT			
Producer Name		Commission %	
<b>Commission Split - Agents receiving commissions must be appointed with Southland National Insurance Corporation.</b>			
Producer Name		Commission %	
Producer Name		Commission %	



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VISION PRODUCT DETAIL			
Section 125 (Pre-tax) <input type="checkbox"/> Yes <input type="checkbox"/> No COBRA Setup <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Remain on Group Bill <input type="checkbox"/> Bill Member Direct	ID Card Mailing <input type="checkbox"/> Group <input type="checkbox"/> EE Homes <input type="checkbox"/> Agent / Broker		
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VISION COMMISSION ASSIGNMENT			
Producer Name		Commission %	
<b>Commission Split</b> - <i>Agents receiving commissions must be appointed with Southland National Insurance Corporation.</i>			
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