

NEW GROUP SET-UP CHECKLIST

	Group	Master	Apı	olication
--	-------	--------	-----	-----------

• Please make sure all questions are answered completely.

□ Employee Enrollment

• Employee Applications or census enrollment spreadsheet

□ Binder check for first month's premium

- Check copy: provide a copy of the front and back of the binder check.
- Premium checks should be made payable to **<u>NWFA</u>** and mailed directly to:

Mailing Address Physical Address

Vimly Benefit Solutions Vimly Benefit Solutions

NWFA NWFA

PO Box 6 12121 Harbor Reach Dr, Suite 105

Mukilteo, WA 98275 Mukilteo, WA 98275

□ Copy of the quote that was sold

If NOT currently a Washington Bankers Association (WBA)/Community Bankers of Washington (CBW) member:

□ WBA/CBW Membership

Online Membership Application: https://www.bankerscontent.com/nwfaor

Optional forms if required by group

- □ Common Ownership form
- □ Waiver Forms
- ☐ Most recent EOB for deductible credit

Please submit all new business group paperwork in a complete packet to DiMartino

Associates by the 15th of the month prior to the effective date:

