

Section I: General Information

Worksite/Association Name: _____ Service Group Number: _____
 Street Address: _____
 City/State/Zip: _____
 Contact Person: _____ Title: _____
 Phone: _____ Fax #: _____
 Email: _____
 RVP Name: _____

Section II: Worksite Information

Current number of Full-Time/Eligible Employees working 30+ hours/week _____
 Is the agent or employer aware of any employees on disability leave or with potentially disabling conditions? Yes No
 If yes, provide estimated number (no names) _____
 How many applications do you anticipate with this re-enrollment? _____
 Has the company allowed or considered allowing any LTC solicitation by any company other than Transamerica Life Insurance Company? Yes No If yes, provide detail _____

 How do you plan to handle there-enrollment? Please provide details. _____

 On-site Seminars Mandatory meetings Voluntary meetings Emails Other _____
 Please select the enrollment method(s): Paper Electronic
 Will enrollment be Stand-Alone LTC enrollment or enrolled with other products? _____
 Proposed Re-enrollment Period? Start date _____ End Date _____

Section III: Requested Underwriting

Modified Guarantee Issue: Yes No **Abbreviated Application:** Yes No
Simplified Issue: Yes No **Full Underwriting:** Yes No

Section IV: Census Information

Minimum Census information to be included with the Re-Enrollment Request Form: (Must be in Electronic Media Format)

First Name or Last Name or Employee ID	Salary	Hire Date	Date of Birth	Resident State
Classification (Full-Time or Part Time)	Job Title	Last 4 SSN**	Marital Status**	Gender

**Required for electronic enrollment

Section V. Agent Information

Name of Agent/Broker: _____ Writing Number: _____

Section VI. Comments or Special Requests