



GIS Sale Notification Form

- GIS must be completed for all business and sent to MetLife.
- For groups under 100 lives, send to [Imp_GIS@metlife.com] (mailto:Imp_GIS@metlife.com).
For groups with 100+ lives, send directly to your MetLife Account Executive.
- This form is mandatory for GIS and Boon-Chapman legal offering. If needed, please review the how-to guide for completing this form.

GENERAL & CUSTOMER INFORMATION

(New Business and Add Coverages should be sent to imp_gis@metlife.com)

Legal Customer Name*

Address*

Customer Contact Name (Policy Holder)*

Customer Contact Email Address *

Customer Number (If In force)

Quoted on SBS (MGI) - please provide group number from proposal - group number begins with a 6

Effective Date

Eligible Lives

New Business or Add Coverage

GIS Regional Office

GIS Account Executive or Regional Manager

GIS Contact

Broker Name

Broker SSN, TIN or BKC/BKR

Producer Name*

Email / Phone Number*

Enrollment Firm

MetLife Sales Office

MetLife Account Executive

ADDITIONAL THIRD PARTIES (required to complete the entire section)

(This section includes the following relationships:
Boon Chapman/Soluta, Omega, EE Navigator, bswift, Selerix,
ADP, Plan Source, Benefits Connect or other)

Third Party Administrator (TPA) Company Name

Third Party Entity (TPE) Company Name

What will TPA/TPE be responsible for?

Enrollment

Billing

Other



LINES OF COVERAGE SOLD

Basic Life	<input type="checkbox"/>	
Basic AD&D	<input type="checkbox"/>	
Basic Dependent Life	<input type="checkbox"/>	
Basic Dependent AD&D	<input type="checkbox"/>	
Supplemental Life	<input type="checkbox"/>	
Supplemental Dependent Life	<input type="checkbox"/>	
Supplemental Dependent AD&D	<input type="checkbox"/>	
Short Term Disability	<input type="checkbox"/>	
Long Term Disability	<input type="checkbox"/>	
PPO Dental	<input type="checkbox"/>	
DHMO Dental	<input type="checkbox"/>	
VSP Vision	<input type="checkbox"/>	
Paid Family Medical Leave or Family Medical Leave or State Mandated Plans	<input type="checkbox"/>	
MetLife Legal (Sold without Boon-Chapman, GIS Direct/Hybrid – 100+ or SBS offer only)	<input type="checkbox"/>	
Supplemental AD&D	<input type="checkbox"/>	

***Required field**

**VOLUNTARY COVERAGES SOLD**

(Formal Notice of Sale is required by MetLife Account Executive for any case placed on the MIB platform)

Versant Vision (100+ Superior or Davis)	<input type="checkbox"/>
Accident	<input type="checkbox"/>
Critical Illness	<input type="checkbox"/>
Hospital Indemnity	<input type="checkbox"/>
Cancer 100+ offer only	<input type="checkbox"/>
WSTD 100+ offer only	<input type="checkbox"/>
Pet Insurance	<input type="checkbox"/>
Whole Life 100+ offer only	<input type="checkbox"/>
Aura (If sold with GIS and Boon-Chapman, a separate Aura NOS must be completed.)	<input type="checkbox"/>

LINES OF COVERAGE SOLD - GIS VB TRUST

DO NOT SEND TO METLIFE; SEND REQUIRED INFORMATION TO BOON-CHAPMAN. (This does not need to come to MetLife)

Accident	<input type="checkbox"/>
Hospital Indemnity	<input type="checkbox"/>
Critical Illness	<input type="checkbox"/>

METLIFE LEGAL PLAN - GIS AND BOON-CHAPMAN ONLY (TPA billed only)(Send NOS to Tina Jarkewicz at MetLife Legal Plans tjarkewicz@legalplans.com at least 30 days prior to the effective date).
If group sold GIS-Direct 100+ or GIS-Direct SBS do not complete this section or send to Tina Jarkewicz.

Type of Entity (Corporation, Partnership, Sole proprietor, etc.)	
State Locations	
A. Headquarter State	A.
B. Incorporated State	B.
C. Executive Offices	C.
D. Benefit Administration	D.
Does ERISA apply? (Yes or No)	
Are there employees who reside in OR or NY?	
If so, please specify which state.	
Open Enrollment Period (Start & End Date)	
Normal Plan Year (Start Month & End Month)	
Number of Benefit Eligible Employees	
Definition of Eligible Employees	
(Example: All Active Full-Time Employees working 30-hours per week)	

**DEFINITION OF DEPENDENTS**

Please define dependent age (or student age) and end date for coverage.

Please define domestic partners (same sex, opposite sex, or both), if eligible for coverage

E. Largest Number of Employees

Plan Design:

Rate:

Options	PLAN DESIGN OFFERINGS	Rate
#1	Legal Plan- ML4	\$19.50
#2	Legal Plan ML4 + Reproductive Assistance	\$20.75
#3	Legal Plan ML4 + 20 Hours Divorce	\$21.75
#4	Legal Plan ML4 + 20 Hours Divorce + Tax Prep	\$22.75
#5	Legal Plan ML4 + Reproductive Assistance + 20 Hours Divorce + Tax Prep	\$24.00

**TO BE COMPLETED BY METLIFE LEGAL PLANS
for GIS/Boon-Chapman business only:**

Plan Code

Local Code