

# How to Complete the GIS Notice of Sale (NOS) Form

## INTRODUCTION

A Notice of Sale (NOS) is required for all new business, add coverages, and/or conversions. This document provides instructions on how to properly complete the GIS NOS form.

## SUBMISSION GUIDELINES

The GIS team is responsible for sending this notification to MetLife Sales and/or Implementation partners based on the business sold:

- GIS Benefits and Boon-Chapman sold business:

Send timely notice of sale to [Imp\\_GIS@metlife.com](mailto:Imp_GIS@metlife.com) with a copy to the local MetLife Account Executive

- GIS Benefits only groups (less than 100 lives): Send timely notice of sale to [Imp\\_GIS@metlife.com](mailto:Imp_GIS@metlife.com) and copy the local MetLife Account Executive
- GIS Benefits only groups (100+ lives): Send timely notice of sale to the local MetLife Account Executive, who will then complete a MetLife Formal Notice of Sale
  - o MetLife Implementation will send all case essentials to the local GIS office, Broker, and Policyholder to complete
- All MetLife Legal sales with GIS Benefits and Boon-Chapman: Send notice of sale to MetLife Legal Plans team

**IMPORTANT NOTE:** The Notice of Sale must be completed in its entirety. Missing key information may cause delays in case assignment, implementation process, and claim readiness, which will impact the group policyholder.

MetLife GIS Benefits 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) (mailto:[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](mailto: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

## GENERAL & CUSTOMER INFORMATION

This section includes essential details about the customer and policy:

- **Legal Customer Name and Address:** Provide the legal name and address for the customer. **(Required)**
- **Customer Contact Name (Policy Holder) and Email Address:** Provide the contact's name and email address of the policy holder. This person should be the one with whom benefit discussions are held. **(Required)**
- **Customer Number:** If the policy holder is a current MetLife customer, provide their current group number if applicable.
- **Quoted on SBS:** Provide group number from proposal (Group number begins with a 6). This number may be located on the proposal in the bottom right-hand corner if applicable.
- **Effective Date:** Date when benefits should begin should align with the effective date shown on the proposals. **(Required)**
- **Eligible Lives:** Total number of eligible lives of the policyholder for those employees that are eligible for coverage. Eligibility class is defined by MetLife underwriting as listed on the MetLife proposal.
- **New Business or Add Coverage:** Indicate if this is new business (no active coverages with MetLife) or add coverage (current active lines of coverage with MetLife). **(Required)**
- **GIS Regional Office:** Provide the GIS office that sold the coverage(s). This office will report on the GIS Financial Reporting.
- **GIS Account Executive or Regional Manager:** Provide the GIS AE or GIS Regional Manager
- **GIS Contact:** Provide the GIS Account Manager who will be managing this policyholder. **(Required)**
- **Broker/Producer Name:** Provide the writing producer or agency name (underlying broker). GIS must not be listed in this field. **(Required)**
- **Broker/Producer SSN, TIN or BKC/BKR:** Provide the SSN, TIN or MetLife BKC/BKR for the underlying broker. **(Required)**
- **Producer/Broker Contact Information:** Provide phone number and email address for underlying broker. **(Required)**
- **Enrollment Firm:** List the name of the enrollment firm if applicable.
- **MetLife Sales Office:** Provide the MetLife sales office.
- **MetLife Account Executive:** Provide the MetLife account executive or sales representative.
- **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)

  GIS Sale Notification Form

**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/ibrid - 100+ or SBS offer only)	<input type="checkbox"/>
Supplemental AD&D	<input type="checkbox"/>

**\*Required field**

  GIS Sale Notification Form

**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 (Sold with GIS and Boon-Chapman, a separate Aava NOS must be completed)	<input type="checkbox"/>

## LINES OF COVERAGE SOLD

Check the box next to lines of coverage that were sold:

- Basic Life
- Basic AD&D
- Basic Dependent Life
- Basic Dependent AD&D
- Supplemental Life (typically voluntary coverage)
- Supplemental AD&D (typically voluntary coverage)
- Supplemental Dependent Life (typically voluntary coverage)
- Supplemental Dependent AD&D (typically voluntary coverage)
- Short Term Disability (may be employer paid, contributory or voluntary)
- Long Term Disability (may be employer paid, contributory or voluntary)
- PPO Dental (may be employer paid, contributory or voluntary)
- DHMO Dental (may be employer paid, contributory or voluntary)
- VSP Vision (may be employer paid, contributory or voluntary)
  - Note: VSP is the only offer on groups under 100 lives
  - For 100+ lives, offer may be VSP or Versant (Superior or Davis networks)
  - If Versant Vision has sold, this will require the MetLife Sales team to complete a MetLife formal notice of sale and all coverages sold will be placed on MIB
- **MetLife Legal:** Indicate if legal sold without Boon-Chapman. This applies only if legal sold on SBS with GIS Benefits as the GA only or 100+ in which GIS Benefits is the GA only.
  - If legal is sold with GIS and Boon-Chapman, then legal will be direct to the MetLife legal team. Follow the section under "MetLife Legal Plans- GIS and Boon-Chapman only"

## VOLUNTARY COVERAGES SOLD

- If any line of coverage is selected in this section, MetLife AEs must submit a MetLife formal NOS. The group will be placed on MIB for all new lines of coverage.
- Versant Vision (offered on 100+ lives, may be employer paid, contributory or voluntary)
  - The MetLife proposal will indicate if Versant vision was quoted with Superior or Davis networks
- Accident (may be employer paid, contributory or voluntary)
- Critical Illness (may be employer paid, contributory or voluntary)
- Hospital Indemnity (may be employer paid, contributory or voluntary)
- Cancer (may be employer paid, contributory or voluntary)
- Pet Insurance
- Whole Life
- Aura



MetLife | GIS Benefits GIS Sale Notification Form

**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 (P 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](mailto: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  
B. Incorporated State  
C. Executive Offices  
D. Benefit Administration

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 Plan Code  
for GIS/Boon-Chapman business only: Local Code

## LINES OF COVERAGE SOLD - GIS VB TRUST

This section should only be completed for groups sold through the GIS VB Trust offer. This offer is limited to groups that are adding coverage to existing business.

- **MetLife Legal:** Indicate if legal sold without Boon-Chapman. This applies only if legal sold on SBS with GIS Benefits as the GA only or 100+ in which GIS Benefits is the GA only.
  - o If legal is sold with GIS and Boon-Chapman, then legal will be direct to the MetLife legal team. Follow the section under "MetLife Legal Plans- GIS and Boon-Chapman only"

## VOLUNTARY COVERAGES SOLD

### METLIFE LEGAL PLAN (GIS AND BOON-CHAPMAN ONLY)

This section is exclusive only to **GIS and Boon-Chapman legal**. These legal groups are sent directly to MetLife Legal plans and are implemented directly with MetLife Legal plans.

Send NOS to Tina Jarkewicz at MetLife Legal Plans [tjarkewicz@legalplans.com](mailto:tjarkewicz@legalplans.com) at least 30 days prior to the effective date.

- **Type of Entity:** Provide the entity type (corporation, sole proprietorship, LLC, etc.)
- **State Locations:** Complete items A through E
- **Does ERISA apply:** Answer yes or no
- **Are there employees who reside in OR or NY:** Indicate state
- **Open Enrollment Period (Start & End Date):** Provide dates
- **Normal Plan Year:** Provide dates
- **Definition of Eligible Employees:** Provide definition of eligible employees

## DEFINITION OF DEPENDENTS:

- Define dependent age and end date for coverage
- Define domestic partners if eligible for coverage
- Plan design: Indicate sold plan design based on the 5 options below
- Rate: Include the rate of sold plan design from the 5 options below

## PLAN DESIGN OFFERINGS AND 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

