



# IDI Application Checklist and Cover Sheet

Standard Insurance Company, Individual Underwriting P7B  
1100 SW Sixth Avenue Portland OR 97204-1093

Agency Contact
Contact Email
Agency Number
Producer Name
Applicant Name

### SEND TO HOME OFFICE

- Producer Information Report complete (including discounts)
- Application with:
  - All questions answered and legible
  - All physical addresses and email addresses complete (including complete physician's information)
  - Signatures complete and dates correct
- Authorization to Obtain and Disclose Information (9935)
- HIV Authorization (most states)
- Authorization for Release of Psychotherapy Notes (11338)
- Student Loan Application (if applicable)

#### Conditional Receipt (optional):

- Must be signed same date as application
- Premium amount included \$ \_\_\_\_\_ (must be equal to one month or greater)
- Check, One-Time Premium Payment or EFT form submitted with application (if EFT form, one time debit section filled out)

*For business products, please include the required supplemental form(s).*

#### Business Overhead Expense

- Business Overhead Application Supplement (2967)

#### Business Buy-Out Expense

- Certification of Buy/Sell Agreement (7204)
- Disability Buy-Out Fact Sheet Application Supplement (7202)

### COMPLIANCE TIPS

- All signatures on the application and authorizations must be handwritten in pen and ink or be signed using one of our approved electronic signature vendors and meet the requirements of our Electronic Signature Program. Electronic signatures affixed on forms or the application using a software program, or copied and pasted, will not be accepted.
- Do not use white-out. Any changes must be initialed by the applicant.
- Do not use anything that may obscure verbiage including highlighters, "Sign Here" flags, etc.
- Forms must be full size and include company header and form number. All forms must be legible.
- Producer must sign application after applicant has signed.

### REQUIRED STATE SPECIFIC FORMS

- Replacement Notice (send to home office) **AR, CO, CT, DE, FL, IA, IL, ID, KY, MA, ME, NH, NJ, NM, OK, PA, RI, TX, UT, VA, VT, WA, WI, WV**
- Product specific Outline of Coverage (give to applicant) **CA, GA, ID, ME, MT, NV, NH, SD, TX, WI, WV**
- Acknowledgement of Receipt of Outline of Coverage (send to home office) **ID, ME, NH, SD, TX, WV**
- ME** Disclosure of Benefits Offsets (give to applicant)
- MN** Guaranty Association Notice; **MN** Notice Regarding Limitations for Mental Health or Substance Use Disorder (give to applicant) and Delivery Receipt (send to home office)

### UNDERWRITING INFORMATION

- Matching illustration attached (contact sales for assistance)

Student/New Professional Limits? Yes  No

Is this Simplified Underwriting? Yes  No

If No, is income documentation attached? Yes  No

Are labs required? Yes  No

If required, have they been ordered? Yes  No

(If labs have been completed with another carrier within the last 12 months, provide barcode or copy of lab slip)

Is this a TeleApp? Yes  No

If Yes, has the TeleApp been ordered? Yes  No

Order Date \_\_\_\_\_ Referral # \_\_\_\_\_

Note other requirements or notes/comments here:

### GIVE TO APPLICANT:

- Disclosure Notice – Information Practices
- HIV information from application packet
- Copy of Conditional Receipt (only if premium collected)
- Copy of Replacement Notice
- Outline of Coverage required in the following states: **CA, GA, ID, ME, MT, NV, NH, SD, TX, WI, WV**
- Guaranty Association Notice; Notice Regarding Limitations for Mental Health or Substance Use Disorder from application packet: **MN**
- Any other miscellaneous or state-specific form provided in the application packet