



ASSURANT
Health

New Small Group Submission

Group Name: _____

Effective date: _____

Agent Name: _____

Agent Number: _____

Phone: _____

Fax: _____

Email: _____

Check List:

- Employer Participation Agreement/Application
- Employee Enrollment Form or Waiver of Coverage from each eligible employee
- Signed Proposal Quote (all pages required)
- First month's premium (make copy of check and submit with applications; check needs to be mailed separately)

Mail Small Group Enrollment to:

**Assurant Health
Small Group Underwriting
501 West Michigan Avenue
Milwaukee, WI 53203**

For groups with 5 or fewer employees you may fax to: 1-414-299-1185