



## New Plan Checklist

Company Name \_\_\_\_\_

- \_\_\_ Completed Employer Application
- \_\_\_ Completed Employee Enrollment Forms
- \_\_\_ Proof of Employment – Wage and Tax Form
- \_\_\_ Copy of quote
- \_\_\_ Collect Initial Premium (view page 3 of employer application)
  - Monthly Billing – Submit Monthly Premium
  - Quarter Billing – Submit Quarterly Premium
  - Semi-Annual Billing – Submit Semi-Annual Premium

Premium check should be made out and mailed to:

ISI Infinity Group  
6902 Pearl Road  
Suite 405  
Cleveland, OH 44130

*Thank you for giving us the opportunity to be of service to you!*