



New Case Profile Form

Agent/Rep Contact Information			
Name		Phone	
Email		Affiliation	
Secondary e-mail			
Case Information			
Group Legal Name	# Eligible Lives	Anticipated Effective Date	Anticipated Enrollment Start Date
First Draft Date		2nd Draft Date	
Group Products Situs State		Location States	
Premium Collection Methods Requested:			
<input type="checkbox"/> Checking Drafting		<input type="checkbox"/> Split Payroll Direct Deposit (DDP)	
Employer Deduction Drafting		<input type="checkbox"/> Credit Card/ Debit Card	
Case Specifics			
<p>Please provide the platform or method of enrollment, carrier(s), and products you intend to use. Please note, if there are more than one pay cycle for a case, two groups should be established with PIOPAC and carrier(s).</p>			

- | | | |
|--|------------------------------|-----------------------------|
| Do you intend to utilize a platform? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you know the carrier(s) you intend to use? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you know the products you intend to present? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you need help sourcing another carrier product? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Name of PIOPAC sales agent you are working with _____

A team member will contact you to discuss this case within 24 business hours of receipt of this form.
Please send to: INQUIRY@PIOPACCO.COM