

Group Installation Checklist

Thank you for choosing Nippon Life Benefits® as your Group Insurance Carrier

Policyholder Name: _____

If legal name is longer than 30 characters provide shortened name: _____

Please include the following in your submission to your agent:

- Signed Employer Application for Group Insurance
- Copy of check for first month's premium
- Completed **Group Installation Checklist** (this form)
 - Web Access Information (below)
 - Electronic Services Agreement (page 2)
- Copy of signed proposal
- Most recent premium statement from current carrier
- Completed enrollment census including waivers provided on Nippon Life Benefits' template
 - Policyholder Electronic Enrollment Terms and Conditions (if census enrollment) (page 3)
- COBRA election forms dental/vision only- if any COBRA participants

If purchasing Life insurance, please ensure all employees complete a Nippon Life Benefits Beneficiary Form (see Census Enrollment document), or the Beneficiary section of a Nippon Life Benefits enrollment form. The Beneficiary forms are only required at time of claim.

Original binder is to be made payable to: Nippon Life Insurance Co of America®

ATTN: Administration Department: 7115 Vista Drive, West Des Moines, IA 50266.

Future payments should accompany the premium statement remittal tab, and be sent to our payment lockbox.

Website Access Information: [The Nippon Life Benefits employer website provides group and member information.](#)

Primary Administrator – Primary Administrator controls online access by unit and determines who and the level of access of a Secondary Administrator or a Broker. Primary Administrator can add Secondary & Broker access online. The Primary Administrator's access can only be changed by Nippon Life Benefits customer service representatives. Therefore, if administration changes within your organization, Nippon Life Benefits must be notified to change the Primary Administrator. The Policyholder must employ the Primary Administrator.

The Primary Administrator will be provided with access to the following (if applicable):

- | | |
|-----------------------------------|---|
| 1. Premium Statement History | 6. Activity Ledger |
| 2. Eligibility List | 7. Print New ID Card |
| 3. Member Eligibility Detail | 8. Print Temporary ID Card |
| 4. Add Members/Dependents | 9. Plan Documents |
| 5. Change/Term Members/Dependents | 10. Forms to access Administrative Forms & Administration Kit |

Primary Administrator Name:	Title:	Email Address:	Phone Number:
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Additional Web Access should be provided to:

Secondary or Broker Name:	Title:	Email Address;	Phone Number
Company Name	Type	Comments: (provide details of access. If no comments- will assume full access)	

Disability: Standard services include preparation of W-2 and claimant reports.

Or by checking here, you are requesting that we do not provide STD W-2s.

Booklet Information: To assist in reducing our carbon footprint we encourage electronic delivery of Booklets and Riders.

Please sign the attached Electronic Services agreement if you are interested in receiving electronic correspondence. **If you do not sign the agreement, we will provide paper booklets.**

Groups with more than 50 enrolled lives may have additional questions

Electronic Services Agreement

Nippon Life Insurance Company of America (Nippon Life Benefits) has issued one or more group insurance policies

- A. Policyholder desires that booklet-certificates relating to the Policies be sent and received by electronic transactions ("Electronic Records"), consistent with applicable law.
- B. Policyholder desires that correspondence relating to the Policies be sent and received by electronic transactions ("Electronic Records") consistent with applicable law

Administrative Functions

- A. The Policyholder will:
 - 1. Furnish paper copies of the booklet-certificate to all participants who request a paper copy.
 - 2. If plan documents are available to multiple classes of participants, ensure that each participant knows and is aware of what plan documents cover each participant.
 - 3. If the Policyholder terminates its insurance agreement with Nippon Life Benefits, the Policyholder will inform all participants and beneficiaries of this termination. The Policyholder will inform all participants and beneficiaries that the booklet-certificate will remain on-line for a limited period of time (3-months) following termination. The policyholder will inform all participants and beneficiaries of the need to obtain paper copies of the booklet for the terminated policy.

General Provisions

- A. Policyholder shall perform this Agreement consistent with all Federal and State law, including, but not limited to, ERISA.
- B. There is no employer-employee or agency relationship between the Policyholder and Nippon Life Benefits.
- C. Nippon Life Benefits will send all notices required by law electronically, unless such notices are required to be sent by paper.
- D. Policyholder and Nippon Life Benefits acknowledge and agree that whenever electronic transactions are not possible, transactions will be conducted in a manner that is consistent with insurance industry standards or another mutually agreed upon method.
- E. This Agreement shall be governed by and construed in accordance with the laws of the State of New York.
- F. The duties and obligations of this Agreement are neither assignable nor alienable by either Party without the consent, in writing, of the other Party.
- G. This Agreement may be amended by mutual consent, in writing, by the Parties. Either one of the Parties may terminate this Agreement upon notice. Absent any such termination, this Agreement shall renew automatically and annually on the anniversary of its effective date.

We would like to receive the following in electronic format: (*uncheck the boxes if you do not agree to receive*)

Policy and books Group Plan correspondence

The Policyholder will update diligently its electronic mail address on file with Nippon Life Benefits

Group Name:	Policyholder Signature:
Date:	Job Title:

Census Enrollment: If you opt to use the Nippon Life Benefits enrollment census, the following agreement is required

Policyholder Electronic Enrollment Terms and Conditions

You have elected to utilize electronic enrollment for your employees and their families. We agree to accept member/dependent enrollment and eligibility data (e.g. census) via electronic delivery.

The following conditions apply:

- Policyholder acknowledges that electronically submitted enrollment, eligibility, waiver, election or other data is not a guarantee of benefits or eligibility, and that all terms, provisions, conditions, limitations and exclusions shown in the certificate booklet and master policy will govern. Policyholder agrees to provide up-to-date and accurate census or other electronic enrollment, eligibility, waiver, election or other related data that will include all required and current member/dependent information and elections in a format approved by Nippon Life Benefits®. Nippon Life Insurance Company of America® relies upon the information submitted electronically being complete, accurate and up-to-date. PLEASE NOTE that the above information will only be accepted in census format for new enrollments, or for enrollment, eligibility, waiver, election and/or other related changes to existing members/dependents insured by Nippon Life Insurance Company of America. The changes should be easily identified.
- Policyholder agrees to make timely updates and correct errors according to Nippon Life Insurance Company of America's standard eligibility practices, i.e., eService, or to submit paper enrollment forms for each member/dependent who is being added, terminated or corrected. Policyholder agrees to maintain and retain copies (paper or electronic) of actual enrollment forms and waiver of coverage forms (and other necessary records) from each eligible employee/dependent to enable Nippon Life Insurance Company of America to determine the current classification, benefits, and termination data for each insured person.
- Policyholder agrees that all beneficiary designations must be maintained by the Policyholder and must be provided to Nippon Life Insurance Company of America. THE POLICYHOLDER HEREBY AGREES TO INDEMNIFY, DEFEND AND HOLD HARMLESS NIPPON LIFE INSURANCE COMPANY OF AMERICA AND ITS RESPECTIVE OFFICERS, DIRECTORS, AGENTS, ADVISERS AND REPRESENTATIVES, to the fullest extent permitted by law, against any and all losses, damages, liabilities, costs, charges, or claims arising out of or related to this Agreement or as a result of the Policyholder's breach, errors, and/or omissions in enrollment/eligibility/waiver/benefits or other required data submitted electronically. This provision shall survive the termination of this Agreement and continue in perpetuity.

Please carefully review your Nippon Life Insurance Company of America premium statement(s) produced after the enrollment, eligibility, waiver, election and/or other related information has been submitted. Please provide us with any updates or corrections to admin-info@nipponlifebenefits.com or 800-374-1835 ext. 43780 or via facsimile at 913-387-5920 within 30 days of the premium statement date.

Policyholder acknowledges, understands and agrees to the terms and conditions set forth in this Agreement. By signing below, the Policyholder represents that the undersigned is authorized to sign this Agreement and bind the Policyholder.

Group Name	Policyholder Signature
Date	Job Title