

Employee Benefits Center  
Experience Worksheet

Group Life / AD&D	Short Term Disability	Long Term Disability	NYS DBL
Census includes date of birth or age, gender and earnings(if a multiple of a salary plan is requested)	Census includes date of birth or age, gender and earnings	Census includes date of birth or age, gender, occupation and earnings	
Brief description of employer including location, nature of business, subsidiaries, etc	Brief description of employer including location, nature of business, subsidiaries, etc	Brief description of employer including location, nature of business, subsidiaries, etc	
Copy of most recent premium statement(if coverage is currently in force)	Copy of most recent premium statement(if coverage is currently in force)	Copy of most recent premium statement(if coverage is currently in force)	
3-5 years experience for groups of 300+ lives	3-5 years experience for groups of 300+ lives	3-5 years experience for groups of 300+ lives	3-5 years experience for groups of 300+ lives

Short Term Disability

YTD	Paid Premium	Paid Claims	Rate/\$100
2006			
2005			
2004			
2003			

Long Term Disability

YTD	Paid Premium	Paid Claims	Rate/\$100
2006			
2005			
2004			
2003			

Life

YTD	Paid Premium	Paid Claims	Rate/\$100
2006			
2005			
2004			
2003			

