



REQUEST FOR PRELIMINARY REVIEW

This form must be completed in full in order to receive an underwriting opinion. For group cases, a copy of the quote must be submitted with this request. If a quote is not provided, underwriting will not provide an underwriting opinion. Once an underwriting opinion is provided, a copy of this form must be submitted with the original case. Only GA's/ MGA's are permitted to request a preliminary review.

GA/MGA name & code: _____ Agent name & code: _____
 GA/MGA Fax #: _____
 (Agents are required to have Group Authority to write a group case. If an agent does not have Group Authority, underwriting will not provide an underwriting opinion on the preliminary request.)

Company/Applicant Name: _____ State: _____
 Number of full-time employees: _____ Number of part-time employees: _____
 Number of employees applying for coverage: _____

Please note, we will not provide an opinion for conditions found in the Field Underwriting Guidelines. For each condition to be reviewed, you must complete all questions below:

Applicant's name: _____ Age: _____ Sex: _____ Diagnosis: _____ _____ Symptoms: _____ Date of onset: _____ Treatment: _____ _____ Dates of Treatment: _____ RX name, strength & dosage: _____ _____ Anticipated future treatment: _____ _____ Related complications: _____ Current status/degree of recovery: _____ Additional comments: _____ _____	Applicant's name: _____ Age: _____ Sex: _____ Diagnosis: _____ _____ Symptoms: _____ Date of onset: _____ Treatment: _____ _____ Dates of Treatment: _____ RX name, strength & dosage: _____ _____ Anticipated future treatment: _____ _____ Related complications: _____ Current status/degree of recovery: _____ Additional comments: _____ _____
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(Use additional forms for multiple applicants and/or conditions.)

HOME OFFICE COMPLETION - UNDERWRITER OPINION:

The decision indicated above is based on the information provided and is further subject to: Verification of the application, eligibility and participation requirements, review of any additional information that may be submitted, and all policy provisions. No agent has any authority to bind Ceres to any promise of coverage. No coverage exists unless and until notification in writing is received from the Ceres Home Office.

Underwriter: _____ **Date:** _____

This information will only be held in the home office for 90 days.

**Please note, we will not provide an opinion for conditions found in the Field Underwriting Guidelines.
For each condition to be reviewed, you must complete all questions below:**

<p>Applicant's name: _____ Age: _____ Sex: _____ Diagnosis: _____ _____ Symptoms: _____ Date of onset: _____ Treatment: _____ _____ Dates of Treatment: _____ RX name, strength & dosage: _____ _____ Anticipated future treatment: _____ _____ Related complications: _____ Current status/degree of recovery: _____ Additional comments: _____ _____</p>	<p>Applicant's name: _____ Age: _____ Sex: _____ Diagnosis: _____ _____ Symptoms: _____ Date of onset: _____ Treatment: _____ _____ Dates of Treatment: _____ RX name, strength & dosage: _____ _____ Anticipated future treatment: _____ _____ Related complications: _____ Current status/degree of recovery: _____ Additional comments: _____ _____</p>
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