



NEW BUSINESS TRANSMITTAL
 (Must be fully completed & submitted with all Business)

Date: _____ Phone# _____ Contact: _____

Account: _____

Street Address: _____

City, State, Zip Code: _____

Requested Effective Date: _____ Date 1st Deductions to begin: _____

Pay Period:

Weekly

Bi-Weekly

Semi-Weekly

Montly

Agent Name

Number

Percentage

<input type="checkbox"/> New Case			<input type="checkbox"/> Add on to Existing Case #: _____			Mail Policies to:		
						<input type="checkbox"/> Insured	<input type="checkbox"/> Employer	<input type="checkbox"/> Agent
Name of Insured	Type of Policy	Monthly Premium	Name of Insured	Type of Policy	Monthly Premium			
1			21					
2			22					
3			23					
4			24					
5			25					
6			26					
7			27					
8			28					
9			29					
10			30					
11			31					
12			32					
13			33					
14			34					
15			35					
16			36					
17			37					
18			38					
19			39					
20			40					

*Business should be received by the Home Office, a minimum of 20 working days prior to Requested Effective Date.
 Lead: YES NO New Business Processor: _____ Mgt. Initials: _____ Total # of EE's: _____
 Total # of Apps: _____ Total Montly \$ _____
 Total # EE's: _____ Total Annual \$ _____

SUPPLEMENTAL TRANSMITTAL

Date: _____ Group Name: _____ Group No: _____

Page ____ of ____ total

<input type="checkbox"/> New Case			<input type="checkbox"/> Add on to Existing Case #: _____			Mail Policies to:			<input type="checkbox"/> Insured			<input type="checkbox"/> Employer			<input type="checkbox"/> Agent		
Name of Insured			Type of Policy			Monthly Premium			Name of Insured			Type of Policy			Monthly Premium		
1						26											
2						27											
3						28											
4						29											
5						30											
6						31											
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22						47											
23						48											
24						49											
25						50											
												Premium Total: \$ _____ (This Page Only)					
												Premium Total for Group: _____ (All Pages)					