



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		
7			32		
8			33		
9			34		
10			35		
11			36		
12			37		
13			38		
14			39		
15			40		
16			41		
17			42		
18			43		
19			44		
20			45		
21			46		
22			47		
23			48		
24			49		
25			50		
			Premium Total: \$ _____ (This Page Only) Premium Total for Group: _____ (All Pages)		