

How to Submit New Business to AIG - American General

It's easy as one, two, three! Just **COMPLETE, SIGN, SEND!**



COMPLETE



SIGN



SEND

1. Complete the AIG Transmittal Form (Form AGLC101863)
2. Attach ALL **COMPLETED** pages of application with required signatures and supplemental information. (Please refer to the "New Business Accelerated Processing Checklist")
3. Must **FAX** or **MAIL** (please do not send to BOTH) applications to the following:

AIG New Business FAX



(866) 596-5294

AIG New Business MAIL (postal/overnight address)



**AMZ Financial Insurance Services
Attn: Dawn McGowan
4944 Windplay Drive, Ste. 115
El Dorado Hills, CA 95762**

AIG SUPPORT STAFF – IOWA OFFICE (866) 204-7712

Contact **Sheila Kellow** - ext. 103 (Sheila@amzwebcenter.com), **Michelle Hoopes** - ext. 105 (MichelleHoopes@amzwebcenter.com) for any of the following:

- Marketing Materials
- SPANISH Forms and Marketing Materials
- Illustration Support
- Underwriting Questions
- Pending Business
- Product Information
- Recruiting Information
- Sales & Advance Market Information

AIG SUPPORT STAFF – CALIFORNIA OFFICE (866) 279-5677

Contact **Dawn McGowan** - New Business Manager - ext. 118 (dawn@amzwebcenter.com) for any of the following:

- New Business

Contact **Kathy Vice** - California Administration Manager - ext. 101 (kathy@amzwebcenter.com) for any of the following:

- Contracting/Licensing Information & Forms

AIG MARKETING MATERIALS AND SUPPLIES

Go to <http://www.aig-lifebrokerage.com>. (Valid User ID and Password Required)



Tips for Accelerated Application Processing

Critical reminders for ensuring the high-speed processing of your business.

You can shorten issue time by providing complete, accurate information and sending in the proper requirements with each application.

This checklist will assist you in ensuring your application packet is in good order prior to submitting it to the home office.

Adhering to these items on each sale will ensure faster policy issue and faster commissions!

**FOR AGENT USE ONLY –
NOT FOR DISSEMINATION TO THE PUBLIC**

New Business Accelerated Processing Checklist

Coversheet/Transmittal

- Companion File(s) – noted
- Contact name/phone/e-mail provided
- Special issue or other instructions provided

Part A

- Correct state version of application received
- Name, address and birth date legibly provided
- Owner Social Security number for juvenile provided
- Tobacco use question answered;
Date last used question answered
- Income specified
- Occupation provided
- Social Security number
(insured's and owner's, if different)
- Driver's license number and state (if applicable)
- Place of birth
- Plan name and term (if applicable) provided
- Face amount for insured and/or rider specified
- Child Rider Attachment
- Number of Child Rider Units provided
- Trust ID for owner provided
- Complete beneficiary information provided
- Complete payor information
- Complete owner information, if applicable
- Complete billing mode/method provided
- Bank draft and/or void check provided for monthly payment (if applicable)

- Existing coverage, company name and face amount provided
- NAIC states need replacement form (if applicable)
- Correct replacement form(s) received
- All non-medical questions answered
- Cash Received – if yes, reviewed questions 1 & 2 of the Limited Temporary Life Insurance Agreement (LTLIA) (if either is answered yes, money cannot be collected)
- LTLIA receipt prepared for return to American General
- Initial premium collected is an acceptable form of payment (note: cashiers checks, money orders and temporary checks are not valid)
- Insured & Owner (if different) signature(s) obtained
- MIB authorization included
- City/State/Date of signing provided
- Agent's signature provided
- Agent Report completed and signed
- Agent(s) and Agency codes provided
- All pages of application are present and completed

Miscellaneous

- Part B must be on the same state form as Part A
- Completed Paramedical Exam and lab slip included
- All exam questions answered
- Illustration provided and matches application information
- State applicable disclosure forms
- State required HIV forms enclosed
- HIPAA authorization signed and included

Required For Financial Institution Business

Wirehouse/Bank Name: _____
 Independent Broker Dealer Name: _____
 Financial Advisor (FA) Name: _____ FA Resident State: _____

Note: the above information is only required for business associated with the Financial Institution Marketing Group (FIMG)

Policy # _____ Applicant Name _____ DOB _____

IMO/BGA Number _____ IMO/BGA Name _____ Date _____

Agent Number _____ Agent Name _____

New Application Requirement Reissue
 Quote
 (Authorization required w/personal information) Previous Quote Number _____ Other _____

IMO/BGA CONTACT INFORMATION

For Missing Documents or Pages	For Case Follow-up
Please Check Box Next to Preferred Contact Method	
Name: _____	Name: _____
<input type="checkbox"/> E-Mail:	<input type="checkbox"/> E-Mail:
<input type="checkbox"/> Fax:	<input type="checkbox"/> Phone:
<input type="checkbox"/> Phone:	<input type="checkbox"/> Fax:
	<input type="checkbox"/> Web site or Download

SPECIAL ISSUE INSTRUCTIONS

Save Age Date Current _____ Advance Date _____ (Not available for IUL or VUL)
 Draft Initial Premium Companion Case _____ Issue Policy w/Companion _____
 Applicant Name as it should appear on Policy _____
 More than one application on same applicant _____ (Indicate Additional or Alternate Application)
 If approved other than applied for, do not issue until we have accepted offer
 At approval, hold for issue instructions

OTHER SPECIAL INSTRUCTIONS

Remember: www.aig-lifebrokerage.com is your source for policy and form information.
 By providing complete and accurate information, processing time can be expedited.