

# Large Case Fax Transmittal Sheet (Must Be Submitted with Application)

**Fax To:** 888-519-4287

## Address

4944 Windplay Drive Suite 115  
El Dorado Hills, CA 95762

**Fax Date:** \_\_\_\_\_

**Agent Name:** \_\_\_\_\_

**No. of Pages:** (including cover sheet) \_\_\_\_\_

**Agent Number:** \_\_\_\_\_

**Client Name:** \_\_\_\_\_

**Second Agent Name:** \_\_\_\_\_

**Product:** \_\_\_\_\_

**Second Agent Number:** \_\_\_\_\_

**Face Amount:** \_\_\_\_\_

**MGA Name:** \_\_\_\_\_

## Checklist

HIPAA Form    HIV Consent Form    Personal Financial Statement    Supplemental Financial Statement\*    Signed Illustration

\*Refer to the General Underwriting Guide (ADLF2547) for detailed instructions for form use.

## Exam Requirements

MD Exam *Ordered:* \_\_\_\_\_

Stress EKG *Ordered:* \_\_\_\_\_

Blood & Urine *Ordered:* \_\_\_\_\_

Paramed Exam *Ordered:* \_\_\_\_\_

Resting EKG *Ordered:* \_\_\_\_\_

Other *Ordered:* \_\_\_\_\_

## Sales Details or Attach Cover Letter

1. What insurance need is the amount applied for to cover? (income replacement, debt payment, estate planning, asset transfer, key man, buy/sell, stock redemption, etc.)

\_\_\_\_\_

2. How was the coverage amount determined? Include copies of illustrations and sales materials.

\_\_\_\_\_

3. If the source of premium is not from the proposed insured's current income, then what is the source of the premium?

\_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Agent E-Mail:** \_\_\_\_\_

**MGA E-mail:** \_\_\_\_\_

**Agent Phone:** \_\_\_\_\_

**MGA Phone:** \_\_\_\_\_

## Policy Mailing Instructions

**(Please provide physical address. Policy cannot be mailed overnight to a P.O. Box)**

Name: \_\_\_\_\_

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_