



New Business Checklist

For Processing Use Only

Processing Center _____

Date (mm/dd/yyyy) _____

Base # _____

Alt/Add'l #'s _____

Companion # _____

MGA/Agency Number _____

Agent Name & Number _____

Primary Insured _____

Other Insured(s) _____

Companion Name _____

For use with all LSW Applications *(Check appropriate box to indicate form is accompanying application)*

PI OIR CP

- HIV Consent Form *(Always Required, State specific)*
- HIPAA Compliant Authorization (8164) *(Always Required for PI, OIR, and children under CTR, State specific)*
- ABR Disclosure Form (8083) *(Always Required)*
- Initial Premium *(If Receipt is given)*
- Replacement Form (8027) *(Replacement cases or State requirement)*
- Transfer or 1035 Exchange Form (9685) *(1035 cases)*
- Previous Policy Pages *(Jump Start)*
- Interest Crediting Strategies (8613) *(SecurePlus Provider and all other Indexed UL Products)*
- Supplemental Application for Qualified Pension or Profit Sharing Trust (8533) *(Needed if policy will fund a Pension/Profit Sharing Plan)*

Underwriting Requirements

Insured(s)

Requirement

Provider

When Needed

PI OIR CP

- Oral Fluids Taken *(IFA/IPA only)* Agent Refer to Life Underwriting Guide for qualifications, N/A to Paragon/Horizon
- Blood & HOS See underwriting guidelines
- Para-med Exam See underwriting guidelines
- Other See underwriting guidelines

Processing Center Only

APS Ordered Insured: _____ Doctor _____ Date _____

APS Ordered Insured: _____ Doctor _____ Date _____

Comments

Attach Void Check Here *(If premium frequency is COM, be sure to attach void check here or provide savings account information. Please attach check with glue or tape. Do not staple.)*