

New Business Transmittal / Fax Cover Sheet • Life and Disability Insurance

Agent/Representative Information		Client Information	
Name		Name	
Agency #	Agent #	Date of Birth	
State		Social Security Number	
Telephone Number		Number of pages being faxed	
Fax Number		Date	
Agent E-mail			

Product(s) being applied for:

VUL WL Term UL Survivorship DI Other _____

Is this a Combo Life & DI Application? Yes No

ENCLOSURES: (Check all items to be faxed or to follow)

Attached	To Follow		Attached	To Follow	
<input type="checkbox"/>	<input type="checkbox"/>	Application	<input type="checkbox"/>	<input type="checkbox"/>	APS – Doctor/Facility
<input type="checkbox"/>	<input type="checkbox"/>	Check (Amount of check \$ _____)	<input type="checkbox"/>	<input type="checkbox"/>	EFT Form with voided check
<input type="checkbox"/>	<input type="checkbox"/>	Teleunderwriting / EZ App Order # _____	<input type="checkbox"/>	<input type="checkbox"/>	Income Documentation
<input type="checkbox"/>	<input type="checkbox"/>	LabSlip	<input type="checkbox"/>	<input type="checkbox"/>	Replacement / 1035 Exchange (mail original)
<input type="checkbox"/>	<input type="checkbox"/>	Part II Med or Paramed	<input type="checkbox"/>	<input type="checkbox"/>	Illustration / UN 0008
<input type="checkbox"/>	<input type="checkbox"/>	EKG	<input type="checkbox"/>	<input type="checkbox"/>	Licensing Paperwork
<input type="checkbox"/>	<input type="checkbox"/>	IR / PHI	<input type="checkbox"/>	<input type="checkbox"/>	Other

DO NOT MAIL ORIGINAL APPLICATION

PLEASE NOTE:

- One application per fax transmission. **Fax to 513-595-2352.**
- Before faxing a copy of the check, write the insured's SSN & full name in the memo portion of the initial premium check.
- Include a copy of this form when mailing the original check and replacement/transfer paperwork.
- Mail via U.S. Mail to Union Central, P.O. Box 40888, Cincinnati, Ohio 45240.
- Mail via Express Mail to Union Central, 1876 Waycross Rd., Cincinnati, Ohio 45240.

ATTACH CHECK HERE

Original check must be received in 10 days.