

# Family Life Fax Application Transmittal Cover Sheet

## Please fax to 713-583-2738

**Important:**

- Only applications paying the initial premium by bank draft are eligible to be faxed. The premium will be drafted upon policy issue, or as state laws require, provided there are no outstanding requirements.
- DO NOT collect premium with an application that is being faxed.
- All applications submitted with this form must be written by the same agent.
- No more than 5 applications are to be faxed with this Cover Sheet.
- Do not mail in applications/forms once you have faxed them, original copies should be maintained in case of fax transmission problems.
- It is important to include phone/fax number below. Agents will be contacted if premium amount on Fax cover sheet does not match our premium calculation when the application is processed.
- If commissions are to be split between two agents – both agents’ information must be listed in the *Agent’s Certification* section of the application.

To confirm that the application(s) have been received, a copy of this form will be stamped “RECEIVED,” with the date and the receiver’s initials on it and faxed back to the agent *within 24 hours of receipt*. **Do Not** refax application(s)/forms unless asked to do so.

Agent Name: _____	Agent Writing # AI _ _ _ _ _
Your Phone Number: _____	Your Fax Number: _____
Total number of pages being faxed: _____ (including cover sheet)	Agent Email Address _____

Forms sequence:

1. Application
2. Replacement form (if applicable)
3. Other state specific required forms (if applicable)
4. Guaranteed Issue documentation (if applicable)
5. Signed Bank Draft Authorization
6. Copy of a voided check or deposit slip (**Please attach this to the Bank Draft Authorization**)

**Note: Initial draft will occur upon policy issue.**

Applicant First, Last Name	Plan Applied For:	Initial Premium Amount to be Drafted (include policy fee)
1.		
2.		
3.		
4.		
5.		

All application questions should be directed to the Underwriting Department at 1-800-877-7703.

**FLIC Med Supp NBfax ed: 07-09**

