

LIST BILL OR GROUP ONLY

PAGE ____ OF ____

Employer/Group: _____ Street: _____ City: _____ State: _____ Zip: _____ Payroll Supervisor: _____ Phone #: _____		Date: _____ Requested Effective Date: _____ Date Sent to Home Office: _____ Date Received by Home Office: _____
<input type="checkbox"/> NEW CASE <input type="checkbox"/> ADDITION TO EXISTING CASE # _____	MAIL PLAN TO: <input type="checkbox"/> BROKER <input type="checkbox"/> EMPLOYER <input type="checkbox"/> EMPLOYEE/INSURED	BROKER INFORMATION Broker's Name: _____ Broker Number: _____ Broker Phone #: _____

PLEASE TYPE OR PRINT

NOTE: USE SEPARATE TRANSMITTAL FORM FOR EACH PAYROLL LIST BILL

NAME OF PROPOSED INSURED	PLAN FORM	MONTHLY PREMIUM	CASH WITH APPLICATIONS*	HOME OFFICE USE
Last First Middle				
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
TOTALS				

Special Instructions
