

NEW CASE TRANSMITTAL FORM

Attention: Incomplete Case Submissions Experience Delays

Have you checked this case? Are all questions answered completely and appropriately? Have you checked rates and completed the benefits portion of the Master Application? Do we need waiver cards?

Failure to present a properly completed case will result in underwriting delays. Properly completed cases will be given first priority, regardless of the sequence they arrive in our office. Incomplete cases cost you and Allied valuable time and put commissions on hold until the case is written. Your thoroughness is well worth the time taken. **This completed sheet MUST accompany the submitted case.**

Overwrite Information

Overwrite Name & Number:
(Use overwrite stamp)

Telephone No. _____

Fax No. _____

E-mail _____

Person to Contact _____

Date _____

Special Instructions _____

Agent Information

Agent Name _____

Agent Allied Number _____

Producing Agent _____

Agent's Street Address _____

Agent's City, ST Zip _____

Agent's Phone No. _____

Agent's Fax Number _____

Agent E-mail _____

Agent's SSN/Tax ID. No. _____

Special Commission Arrangements _____

Case Information

Case Name _____

Case Contact Name _____

Case Address _____

Case City, ST Zip _____

Case Phone No. _____

Case Fax No. _____

Contact Person's Extention _____

Contact Person's E-mail _____

Requested Effective Date _____

Other _____

Enclosed

All of these **MUST** be included:

- Employer Master Application—Fully completed and signed by an owner, officer or partner.
- Individual Applications—Fully completed and signed in ink.
- Waiver Cards—Employee OR Dependent—Must show spouse's name and spouse's place of employment (if applicable).
- Complete copy of most recent State Quarterly Unemployment Tax Report.*
- Imprinted company check for first month's premium.
- Copy of final quote used for sale.
- Appointment information.
- Continuity of Coverage Requirements: Health and dental products with takeover benefits require proof of prior coverage. Certificates of Creditable Coverage and/or current and prior carrier bills are required. See proposal or brochure for what is required for this particular case submission.**

**Refer to Agent Guide for product specific requirements.*

***For dental submissions, the actual copy of the prior carrier's Certificate of Coverage is required.*



Value with every product. Benefits for every need.

Underwriting Department

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