



List Bill New Business Transmittal Form

List Billing Plan: New Plan or Addition to Plan

_____ Date

_____ Name of Company

_____ Company Phone #

_____ List Bill #

_____ Billing Address

_____ City

_____ State

_____ Zip

_____ Payroll Contact

_____ Phone Number (Extension)

_____ Email Address

_____ Agent Name

_____ Agent #

_____ Agent Phone Number

_____ Agent Email Address

Initial Premium Check Enclosed Bill Account

Billing Frequency: Monthly Other

*Mode of payment other than monthly requires prior Home Office Approval

_____ Requested Effective Date

_____ Date of 1st Payroll Deduction

Send Policies to: Agent Employer Employee

List Bill/Application Fee \$ _____

Indicate the type of policy being applied for within this enrollment. List all applicants below or attach equivalent census:

Name of Applicant Last, First MI (Please Print)	Plan Type	Last 4 Digits of Employee's SS#	Monthly Deduction Amount	If Coverage for a Dependent Only- Provide Name of Employee
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				