

NEW BUSINESS APPLICATION TRANSMITTAL



The Savings Bank Life Insurance Company of Massachusetts

New Business Department
(866) 323-3299 or sbli@firfin.com

Postal and Overnight Courier Delivery Address:
 442 W. Kennedy Boulevard, Suite 312 Tampa, FL 33606
 (800) 327-3367 Phone • (866) 323-3299

For Processing Use Only

Date: (mm/dd/yyyy): _____
 Base #: _____
 Alt / Add'l #'s: _____
 Companion #: _____

INSTRUCTIONS: ONE APPLICATION PER TRANSMITTAL (EXCEPT COMPANION APPLICATIONS)

All information pertaining to a specific client should be pre-sorted within this transmission. After sending the application, please mail any original correspondence (**PAYMENTS, 1035 EXCHANGE FORMS & ASSIGNMENT FORMS**) with a copy of this transmittal attached to the corresponding address as noted above.

PLEASE PRINT LEGIBLY

Agt Number:		Agt Name:
Agt Phone:	Agt Fax:	Agt Email:
Proposed Plan:		Plan Type: <div style="text-align: right;">TERM WHOLE LIFE</div>
Insured Name:		Insured Birth Location:
Companion Name:		Other Insured:
Insured DOB:	Insured SSN:	Face Amount:
Premium Amount Accepted: <div style="text-align: center;">NO YES \$ _____</div>		Premium Mode: <div style="text-align: center;">APP Quarterly Semi-Annual Annual</div>

For use with all Applications (Check appropriate box to indicate form is accompanying application)

PI OIR CP Requirements

- Application
- HIV Consent Form
- APP Authorization
- Voided Check
- Conditional Receipt Agreement (CRA) Cash/Check **or** Credit Card (*circle one*) **Date Ordered**
- Replacement Forms*....._____
- Inspection Report....._____
- Paramedical / Medical Exam_____
- Company Name _____
- Blood / HOSPEC....._____
- EKG Exercise Resting Both (*circle one*)....._____
- APS: Dr's Name....._____
- Other....._____

PI = Proposed Insured OIR = Other Insured Rider CP = Companion Policy * If Applicable

Special Instructions or requests: