

American General

Life Companies

Neptune New Case Submission Checklist

American General Life Insurance Company of Delaware*

Wilmington, Delaware

United States Life Insurance Company in the City of New York

New York, New York

Administrative Office:

Street Address: 3600 Route 66, Mailstop 3-D, Neptune, NJ 07753

Phone: 1-800-710-6992 Fax: 1-732-922-5558

*This company does not solicit business in New York.

In order to install the below named group we must receive the required paperwork. The applicable requirements are listed below.

Group Name: _____ Group Effective Date: _____
American General Sales Representative: _____ Code: _____
Master General Agent: _____ # _____ Producer: _____ # _____
Submitted By: _____ Phone/Email: _____
Date: _____

For all Employer-funded and/or Employee-Paid products the below data must be submitted.

- Master Application¹ – not applicable for Individual products.
- Sold Quote – benefits and number of employees should match application and enrollment forms/census list.
- Large Group Underwriting Exhibits and Assumptions, if applicable.
- If replacing coverage, provide Current Prior Carrier Bill and Certificate/Booklet

For Employer-funded and/or Employee-Paid products (excluding Worksite products²) the below data must be submitted 10 business days prior to the requested effective date.

- Is group applying for any other American General benefit coverage? If yes, type of coverage? _____
- Census
- Employee Enrollment Form
- Deposit check – should match quote or one month's premium
- Excess Insurance Application¹ – if applicable
- Waiver forms
- Statement of Insurability for Group Programs¹
- Payroll Deduction Authorization form – to be submitted separately following completion of case set-up – if applicable
- Quarterly Wage & Tax – required for employees age 70 and above, high family content or questionable eligibility

For all Employer-funded and/or Employee-paid STD or LTD products the below data must be completed.

W2 Election (applicable for STD & LTD only)

If you need American General to provide W2's for your employee's, please complete form # 06233413-1005 available on our forms website referenced below and return it promptly to the address noted on the form. You will be receiving your administration kit shortly after the issuance of your policy.

For Worksite products² the below data must be submitted.

Pre-Enrollment – requirements must be submitted a minimum of 10 business days prior to the first scheduled date of enrollment.

- Employers Agreement
- Case Data Sheet
- Census – Employer-funded only

Post-Enrollment – requirements must be submitted 10 business days prior to the requested effective date.

- Individual Application for Insurance¹
- Payroll Deduction Authorization
- HIPPA authorization – applicable for all Individual products except Life and DI²
- Replacement forms – Individual products, if applicable

Please indicate the billing method:

- Home Office Self Billing (over 100 lives)

Is a Chartis A&H policy being submitted in addition to this application? Yes No

Special Handling requests: _____

Send Administration Kit to: Policyholder General Agent Producer/Broker Account Manager Sales Rep
Unless otherwise noted above, the Administration Kit will be sent directly to the Policyholder for groups less than 200 lives and to the Account Manager for Groups of 200 or more lives.

1. The Master Application, Statement of Insurability forms and Group Worksite Employee Enrollment applications may be subject to state laws. For the complete listing of available forms please visit our website at <http://forms.agebs.com>

2. Universal Life, Level Term Life, Return of Premium Term Life, Critical Illness, Cancer, Accident, Hospital Indemnity and Disability Income

**Send new case submissions to Neptune New Business Department at the address listed above or email to:
new.business.underwriting.@aglife.com**