

**AIG Life Insurance Company\***

Wilmington, Delaware

**American International Life Assurance Company in the City of New York**

New York, New York

**The United States Life Insurance Company in the City of New York**

New York, New York

Administrative Office: 3600 Route 66, Mailstop 3-D, Neptune, NJ 07753

Phone: 1-800-710-6992 Fax: 1-732-922-7523 or 1-732-922-6668

\*This company does not solicit business in New York.

**Name of Group:** \_\_\_\_\_

**Name of Employee Benefits Sales Rep.:** \_\_\_\_\_

**Effective date:** \_\_\_\_\_ (Must be received 15 days prior to requested date)

**Coverage(s) sold:** \_\_\_\_\_

**Master General Agent Information, must be licensed with in state(s) where group is located:**

Master General Agent #/Sales Office # \_\_\_\_\_  
(include copy of license)

Name: \_\_\_\_\_

Tel #: \_\_\_\_\_ Fax #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Producer Information, must be licensed with in state(s) where group is located and/or solicited:**

Producer #: \_\_\_\_\_  
(include copy of license)

Solicitor: \_\_\_\_\_

Name: \_\_\_\_\_

Pending, licensing sent to Home office - date: \_\_\_\_\_

Licensing attached

Tel #: \_\_\_\_\_ Fax #: \_\_\_\_\_

E-mail \_\_\_\_\_

Address: \_\_\_\_\_

Special Handling Requests: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

**\*Note: 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 for your group please visit our website at [www.aigeb.com](http://www.aigeb.com) and click on Producer/Agent/Broker, then log onto the producer private website. Look under Resources for marketing collateral by state. The interactive map will enable you to pull up the correct forms based on the state your group is located in. These forms can be printed from your desktop. If you need a supply of forms, visit our online ordering system at [www.smartworks.com](http://www.smartworks.com).**

Please check appropriate box and provide information requested, if applicable:

Billing:  Home Office  Self Billing (over 100 lives and not available for Dental and Vision products.)

Is this policy replacing an existing AIG, AG/United States Life policy, if so, please provide policy number.

Is a separate policy under this policyholder's name being written or is written under a different company, if so, please supply the company name. \_\_\_\_\_

Is group applying for any other American General benefit coverage? If yes, type of coverage? \_\_\_\_\_

**Required Submission Data:**

Master Application Form, Employer and Employee paid, fully completed. Some Applications may be state specific. Please see **Note\*** below.

Employers Agreement-applicable with Worksite products

Group - Enrollment Forms (06673221-1009): or Census, fully completed for Employer paid groups. Application for Group Voluntary programs, fully completed. This application is a combination of a Statement of Insurability and Enrollment form and therefore is subject to state laws. Please see **Note\*** below.

Group worksite-EE enrollment application, fully completed. This form is subject to state laws. Please see **Note\*** below.

Waiver Forms, fully completed - coverage must be contributory (not applicable for Employee paid Products)

Deposit check, should match quote or one month's premium (not applicable for Employee paid Products)

Quote, benefits and number of employees should match application & enrollment forms

Large Group Underwriting Exhibits and Assumptions

Prior Carrier Bill (current), if replacing other coverage

Prior Carrier Certificate/Booklet, if replacing other coverage

Statement of Insurability, Employer and Employee paid, if applicable. If applicable, see **Note\*** below.

Quarterly Wage & Tax required for: employees age 70 and above, high family content or questionable eligibility

Case Data Sheet, Payroll Deduction-include for Worksite and/or Employee paid products.

**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**

Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_

Send new case submissions to New Business Underwriting at the address listed above.

Employer-funded & Employee paid groups should be received in our New Business Center 15 days prior to the requested effective date.