

# 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 & Allied or AIG Number:  
(Use overwrite stamp)

AIG GA Number \_\_\_\_\_  
Telephone No. \_\_\_\_\_  
Fax No. \_\_\_\_\_  
E-mail \_\_\_\_\_  
Person to Contact \_\_\_\_\_  
Date \_\_\_\_\_  
Special Instructions \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Agent Information

Agent Name \_\_\_\_\_  
Allied or AIG Agent 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 Extension \_\_\_\_\_  
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.*



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