

Administrative Office: P.O. Box 30066, Tampa, FL 33630-3066
Street Address: 3501 Frontage Road, Tampa, FL 33607
Phone: 877-672-1648 Fax: 877-672-1651

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: _____
Master General Agent: _____ Producer: _____
Submitted By: _____ Phone/Email: _____
Date: _____

For all Employer-funded and 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 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.	Post-Enrollment – requirements must be submitted 10 business days prior to the requested effective date.
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| <ul style="list-style-type: none"> <input type="checkbox"/> Employers Agreement <input type="checkbox"/> Case Data Sheet <input type="checkbox"/> Census – Employer-funded only | <ul style="list-style-type: none"> <input type="checkbox"/> Individual Application for Insurance¹ <input type="checkbox"/> Payroll Deduction Authorization <input type="checkbox"/> HIPPA authorization – applicable for all Individual products except Life and DI² <input type="checkbox"/> Replacement forms – Individual products, if applicable |
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For Employer-funded products (excluding Worksite products²) the below data must be submitted 10 business days prior to the requested effective date.

- Census
- Employee Enrollment Form
- Deposit check – should match quote or one month's premium
- Excess Insurance Application¹ – if applicable
- Waiver forms
- Quarterly Wage & Tax – required for employees age 70 and above, high family content or questionable eligibility

For all Employer-funded and Employee-paid 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 in your administration kit 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.

Please indicate the billing method:

- Home Office Self Billing (over 100 lives)

Is an American General A&H policy being submitted in addition to this application? Yes No

For Employee-funded products (excluding Worksite) the below data must be submitted 10 days prior to the requested effective date.

- Is group applying for any other American General benefit coverage? If yes, type of coverage? _____
- Statement of Insurability for Group Programs¹
- Excess Insurance Application¹ - if applicable
- 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

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 online ordering system at www.amgen.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 TSC Case Implementation Department at the address listed above.