

# American General

Life Companies

## Tampa 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: P.O. Box 30081, Tampa, FL 33630-3081

Street Address: 3501 Frontage Road, Tampa, FL 33607

Phone: 877-672-1648 Fax: 877-672-1651

\*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 Application<sup>1</sup> – 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 products<sup>2</sup>) 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 Application<sup>1</sup> – if applicable
- Waiver forms
- Statement of Insurability for Group Programs<sup>1</sup>
- 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 products<sup>2</sup> 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 Insurance<sup>1</sup>
- Payroll Deduction Authorization
- HIPPA authorization – applicable for all Individual products except Life and DI<sup>2</sup>
- 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 online ordering system 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 TSC Case Implementation Department at the address listed above or email to: [newbusiness@agebs.com](mailto:newbusiness@agebs.com)**