AFR Life Insurance Company, P.O. Box 278, Duncan, OK 73534-0278
Email: AFRLife@afrmic.com Fax: 405-218-5586

NEW CASE SET-UP FORM

Group Effective Date: Target Enrollment Date:	☐ New Group ☐ Renewal of Existing Group

EMPLOYER/Group INFORMATION

Employer/Group Name:		Phone Number:
"Other" give details:		
Employer/Group Address:		
Tax I.D.#:		
Email Address:		
Part of Section 125 Plan ☐ Yes ☐ No	If yes, will all employees participate? ☐ Yes ☐ No	Plan month:
Plan Administrator:	Employer Paid: ☐ Yes ☐ No	Amount Employer Paid:

UNDERWRITING INFORMATION

Nature of Business:	SIC:
Number of eligible employees:	
List all states where applications are to be written (if individual):	
Situs State (if group):	
Benefit waiting period:	

Products to be written:
☐ Safeguard Term Life – Individual
☐ Safeguard Term Life – Group If Group, will the Employer be contributing to the premium? _____ If yes, What percentage_____

Optional Riders
☐ Better Living Benefit
☐ Waiver of Premium

Is this a take-over of existing business? ☐ Yes ☐ No If "Yes," which specify the current carrier and product type:

BILLING AND ADMINISTRATION INFORMATION

Should Billing Information be verified with the Agent prior to contacting the employer: ☐ Yes ☐ No	
Billing contact person and title:	Ext.:
Billing Address (if different from above):	
City: State: Zip:	
Is this a third-party administrator: ☐ Yes ☐ No	
Is this a multi-location employer: ☐ Yes ☐ No If "Yes," how many and what states:	
Will all of the bills be coordinated through one office: ☐ Yes ☐ No If "No," please include detail of multiple billing locations below.	
Will there be multiple payroll frequencies? ☐ Yes ☐ No If yes, please note you will receive a separate bill for each payroll deduction mode.	
Multiple Billing Locations details:	

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Employer/Group Name:

BILLING AND ADMINISTRATION INFORMATION (continued)

Premium Billing Order (Please Choose One):
☐ Alpha ☐ Employee Number ☐ Policy Number

Billing Frequency: (How often a bill is sent):
☐ Monthly ☐ 10thly ☐ 9thly ☐ Other: Explain: _____

Payroll Frequency: How often will deductions be taken per year:
☐ 52 (Weekly) ☐ 26 (Bi-weekly) ☐ 24 (Semi-monthly) ☐ 12 (Monthly) ☐ Other: Explain _____

Billing method (Please choose one): ☐ List Bill ☐ Self Bill**

**Requires explicit payment detail from the employer/group, i.e., employer status (terminations, leave of absence, etc.). Deduction amounts must be broken down into individual amounts for plans and dependents. This information must accompany every premium payment.

First payroll deduction date:

First bill date:

Requested Effective Date:

Note: Policy issue dates will always be the first of the month and cannot be prior to signature dates.

Special Instructions:

AGENT AND ENROLLER INFORMATION

Will this case be enrolled by agents or an enrollment firm: ☐ Agents ☐ Other

Will an enrollment firm be used for this enrollment? ☐ Yes ☐ No If yes, please provide the enrollment firm name:

Servicing Agent Name:		
Servicing Agency Name:		Agent Number:
MGA Name:		Market Code:
	Address:	
	City: State: Zip:	
	E-mail address:	Phone Number:

Name of agents(s) or enrollers conducting enrollment:

Name	Agent Number	Heaped or Level	Commission Split	Production Split
			%	%
			%	%
			%	%
			%	%
			%	%
			%	%

(Use a separate sheet of paper if needed for additional names of agents or enrollers.)

PLEASE NOTE:

All agents/enrollers MUST be licensed in all states where the enrollments will take place and must be appointed with AFR Life.

Applications cannot be written prior to the date of appointment.

To ensure timely and accurate payment of commission, all agent information must be fully and accurately completed.