



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:	<input type="checkbox"/> New Group <input type="checkbox"/> Renewal of Existing Group	Group Number:
Target Enrollment Date:		

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

UNDERWRITING INFORMATION	
Nature of Business:	SIC:
Number of eligible employees:	Minimum Hours Worked:
List all states where applications are to be written (if individual):	
Situs State (if group):	
Benefit waiting period:	
Products to be written: <input type="checkbox"/> Safeguard Term Life – Individual <input type="checkbox"/> Safeguard Term Life – Group If Group, will the Employer be contributing to the premium? _____ If yes, What percentage _____ <u>Optional Riders</u> <input type="checkbox"/> Better Living Benefit <input type="checkbox"/> Waiver of Premium	
Is this a take-over of existing business? <input type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Billing contact person and title:	Ext.:
Billing Address (if different from above):	
City:	State: Zip:
Is this a third-party administrator: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this a multi-location employer: <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes," how many and what states:
Will all of the bills be coordinated through one office: <input type="checkbox"/> Yes <input type="checkbox"/> No	If "No," please include detail of multiple billing locations below.
Multiple Billing Locations details:	

AFR LIFE

AFR Life Insurance Company, P.O. Box 278, Duncan, OK 73534-0278

Email: AFRLife@afrmic.com Fax: 405-218-5586

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 13thly 10thly 9thly Other: Explain: _____

Payroll Frequency: (How often paid) Check all options which are applicable.
 Weekly Bi-weekly* Semi-monthly Monthly Other: Explain _____

*For Bi-weekly payroll frequencies, will deductions be taken out of 24 or 26 paychecks.

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.

Billings are mailed 10 days prior to the premium due date. If billing should be mailed at a different date, please indicate the date below.

Special Instructions:

AGENT AND ENROLLER INFORMATION

Mail policies to: Insured Agent Employer (Note: policies must be delivered in the states in which the applications were signed.)

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

Servicing Agent Name: _____

Servicing Agency Name: _____ Agent Number: _____

MGA Name: _____ Market Code: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail address: _____ Phone Number: _____

Name of agent(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)

Are agents/enrollers listed above licensed, appointed, contracted with AFR Life in all states where enrollments will take place: Yes No**

**Explain any "No" answer:

PLEASE NOTE:

Applications cannot be written prior to the date of appointment. All agents in the hierarchy must be appointed in all states where business is written.

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