

GLOBE LIFE FAMILY HERITAGE DIVISION

NEW BUSINESS TRANSMITTAL

DATE / /
MM / DD / YY

AGENT #

All applications listed are paid by: **(check one only)**

☐

ACH

☐

Check

☐

Debit/Credit Card

☐

Payroll/Group

☐

FEP / Allotment

(SALES REPRESENTATIVE)

(AGENCY OWNER)

APPLICATIONS WRITTEN IN STATE OF: _____

DATE RECEIVED STAMP (HOME OFFICE USE)

BATCH NUMBER (HOME OFFICE USE)

Advance
YES NO

☐☐

COMPLETE THIS SECTION IF GROUP BUSINESS

NAME & ADDRESS OF EMPLOYER:

Group # _____

PHONE # _____

NEW PAYROLL GROUP: ☐

EXISTING PAYROLL GROUP ☐

Mode of Payment: _____ (12, 24, 26, other)

Effective Date: _____

INSTRUCTIONS / COMMENTS:

POLICY NUMBER Home Office assigns	APPLICANT'S NAME (FIRST) (LAST)	PRODUCT (C), (ICU), (H), (A), (HIP)	MODAL PREMIUM	COLLECTED PREMIUM	H. O. USE
	1.				
	2.				
	3.				
	4.				
	5.				
	6.				
	7.				
	8.				
	9.				
	10.				
	11.				
	12.				
	13.				
	14.				
	15.				
		TOTALS			