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## Payroll Group Agreement

I hereby agree to allow Globe Life Family Heritage Division to present its supplemental insurance programs to my employees.

Name of Company \_\_\_\_\_ Phone \_\_\_\_\_

Company Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Description of Products and Services \_\_\_\_\_ Number of Employees \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Contact Email Address \_\_\_\_\_

Billing Address (If different from above) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Name of Authorized Personnel \_\_\_\_\_ Title \_\_\_\_\_

Signature of Authorized Personnel \_\_\_\_\_ Date \_\_\_\_\_

Agent of Record \_\_\_\_\_ Agent # \_\_\_\_\_

Sales Director \_\_\_\_\_ Agent # \_\_\_\_\_