WORKSITE ADVANTAGE

New Business Transmittal Form

Today's Date | Agent Name | Agency Office | Agency #

Name of Franchise (Company) | Franchise (Company) #

Franchise Billing Address | City | State | Zip

❑ **New Case**

❑ **Additions to Existing Case**

Effective Policy Date MM / DD / YY

1st Deduction Date MM / DD / YY

Number of Pay Periods Per Year _____

List Products Selected

Name of Insured *(Last, First, Middle)*	Pre-Tax *(✓)*	Date of Birth MM	DD	YY	Deduction Per Pay Period	Type of Pay Period	Plan*(s)* / Policy*(ies)*	Name of Employee *(If Insured, Not Needed)*	Application Number

Send original copy to the Home Office — Refer to the Worksite Advantage Agent Reference Guide (R-3631) for guidelines. Make a copy and leave for the Bookkeeper.