

# New Business Submission Sheet



## Zurich American Life Insurance Company

Attention: Underwriting Coordinator      Phone: 877.678.7534  
 Administrative Office      Fax: 888.871.7537  
 7045 College Boulevard      www.zlifeusa.com  
 Overland Park, KS 66211-1523      life.underwriting@zurichna.com

Proposed Insured		Date of Birth
BGA Name Number, and Address		
Contact/Case Manager	Fax Number	Phone Number
Plan of Insurance	Email Address	
Face Amount	File Number	

### Please find the following requirements, attached and/or ordered on the above applicant for formal submission:

Forms	Requirements	Date Submit/Ordered
<input type="checkbox"/> Formal Application	<input type="checkbox"/> PM/MD Exam	_____
<input type="checkbox"/> HIPAA form	<input type="checkbox"/> Blood/Urine (HOS) labs	_____
<input type="checkbox"/> Replacement form(s)	<input type="checkbox"/> TM-EKG/Stress EKG/EKG	_____
<input type="checkbox"/> HIV Consent form(s)	<input type="checkbox"/> Current Medication List	_____
<input type="checkbox"/> Policy Illustration/NAIC	<input type="checkbox"/> Sr. IR/IR (inspection rept)	_____
<input type="checkbox"/> Policy Illustration Disclosure	<input type="checkbox"/> Third Party Financial(TPF)	_____
<input type="checkbox"/> Summary and Disclosure for Accelerated Benefits	<input type="checkbox"/> Functional Test (FT) (get up and go)	_____
<input type="checkbox"/> W-9	<input type="checkbox"/> Cognitive Test (CT) (clock draw and delayed word)	_____
<input type="checkbox"/> Cover Letter	<input type="checkbox"/> APS Dr. _____	_____
<input type="checkbox"/> Non-Medical	_____	_____
<input type="checkbox"/> Copy of Citizenship papers Visa/Green Cards	<input type="checkbox"/> APS Dr. _____	_____
<input type="checkbox"/> \$ _____ w/ application TIA	_____	_____
<input type="checkbox"/> 1035 Exchange Assignment	<input type="checkbox"/> APS Dr. _____	_____
<input type="checkbox"/> Collateral Assignment Form	_____	_____
<input type="checkbox"/> Financial Questionnaire	<input type="checkbox"/> APS Dr. _____	_____
<input type="checkbox"/> Alcohol and Drug Use Questionnaire	_____	_____
<input type="checkbox"/> Aviation Questionnaire	<input type="checkbox"/> Trust Verification	_____
<input type="checkbox"/> Avocation Questionnaire	<input type="checkbox"/> Void Check <input type="checkbox"/> EFT Form	_____
<input type="checkbox"/> Foreign Travel Questionnaire		
<input type="checkbox"/> Authorization to Obtain and Disclose/ Notice of Information Practices		
<input type="checkbox"/> Other _____		
<input type="checkbox"/> Other _____		

• Note: We will order any MVR, Script Check or Fraud Check.