

(Please submit completed sheet with every application)

Agent Information		
Agent ID	Agent Name (Print)	Agent Phone ()
Agent Email		Agent Fax ()
Case Manager Name	Case Manager Phone ()	
Case Manager Email Address		
Proposed Insured Information		
Insured's name (Print)		Last 4 digits of Insured's social security #
<p>Required Disclosures with Application:</p> <p><input type="checkbox"/> HIPAA Authorization Form <input type="checkbox"/> Beneficiary/Additional Insured Information Form (DMF Form)</p> <p>Other Disclosures (if applicable):</p> <p><input type="checkbox"/> Accelerated Death Benefit Disclosure Form <input type="checkbox"/> Replacement Form(s)</p>		
<p>Submitting Applications: <i>(Faxing is the preferred method)</i></p> <p>If faxing, fax to 1-866-834-0437 and enter date faxed _____ . Do Not mail originals if faxing.</p> <p>If mailing the application and/or check for initial premium please send with cover sheet to:</p> <p>4333 Edgewood Road NE, Cedar Rapids, IA 52499</p> <p>If a case manager is listed, please follow your General Agency's submission process with sending the signed application packet.</p>		