



Central States Health & Life Co. of Omaha

### Fax Application Transmittal Cover Sheet

**Important:**

- Only applications paying the initial premium by bank draft are eligible to be faxed.
- DO NOT collect premium with an application that is being faxed.
- Please use one transmittal per application.
- Do not mail in applications/forms once you have faxed them, original copies should be maintained in case of fax transmission problems.
- Complete all agent information in the box below.
- DO NOT submit Pre-Underwriting Issues through the fax number below (2<sup>nd</sup> applications, replacement forms or other additional documents).

Fax applications and New Business documents **ONLY** to: 1-855-304-2855.

Agent Name: _____	Agent Writing # _____
Phone Number: _____	Fax Number: _____
Total number of pages being faxed (including cover sheet): _____	

Forms sequence:

1. Application
2. Replacement form (if applicable)
3. Other state specific required forms (if applicable)
4. Guaranteed Issue documentation (if applicable)
5. Signed electronic payment authorization
6. Copy of a voided check on a separate sheet of paper **(if applicable, do not attach over Signed Electronic Payment Authorization)**

Applicant First & Last Name	Plan Applied For:	Initial Premium Amount to be drafted or charged (include policy fee)

All application questions should be directed to the Underwriting Department at 1-833-522-4874.