



**AIG Life Brokerage**

For HBW Home Office Contact Terri at 1-800-473-3856 Ext. 126

**New Business Processing**  
***New Application Fax Number: (888) 501-1771***

Date: \_\_\_\_\_ Number of Pages Included in Fax: \_\_\_\_\_  
 Agent Name: \_\_\_\_\_ Agent Code #: \_\_\_\_\_  
 Agency Name: \_\_\_\_\_ Agency Code #: \_\_\_\_\_  
 Name of Proposed Insured: \_\_\_\_\_  
 Product Type [ ] Term [ ] UL [ ] VUL Plan Name: \_\_\_\_\_

**AGENT CONTACT INFORMATION**

Name: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

<p><b>FOR HOME OFFICE USE ONLY</b></p> <p>Policy # _____</p>
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Before you mail in the check, please wait for confirmation of policy number from HBW. WRITE the policy number on the check and mail to American General directly at:

American General  
 Midwest Operations Center  
 PO Box 401  
 Milwaukee, WI 53201-0401

**PLEASE DO NOT mail in the original paperwork that you already faxed. ANY ADDITIONAL REQUIREMENTS AND/OR PAPERWORK MUST INCLUDE THE POLICY NUMBER.**

**ADDITIONAL REQUIREMENT REQUESTS:**

**HBW Request:** If you receive a request for additional requirements from HBW please fax back to **HBW at (888) 501-1771** accompanied by the American General Application - Transmittal Form.

**AIG Underwriting Request:** If you receive a request for additional requirements from AIG please fax back to American General Underwriting. (Fax number will vary depending on Underwriter and will be provided with each request).

The following information **MUST** be provided whether you are replying to HBW or American General:

- A. Client's Name
- B. Policy Number
- C. Agent's Name & Code Number

If you do not receive confirmation of policy number(s) within 48 hours, please contact Terri @ HBW in New Business at (800) 473-3856 x126 or terri@hbwinc.com.

***WE APPRECIATE YOUR BUSINESS! THANK YOU!***

## AIG Processing Instructions

1. FAX the following paperwork to HBW's American General New Business Processing Department at fax number (888) 501-1771.
  - [American General Application Transmittal Form](#) - Click to Download. Once a policy number is issued, HBW will fax this form to the agent with the policy number attached.
  - Client Application - Two versions of the Client Application Part A long version (for all AIG products), Short App Version (For Term only products).
  - Bank Draft form and Voided Check (if premium will be paid monthly)
  - LTLIA RECEIPT - If you submit cash and/or a signed bank draft and the 2 health questions are answered NO, then the client qualifies.
  - If your client does not want to have temporary insurance, please write DECLINED on the LTLIA and have your client sign and date.
  - Paramedical Exam and Lab Ticket (aramedical Exam represents Part B of application, the physical measurement pages 1 and 2, and the lab ticket)
  - For Child Riders - Agent must complete a child rider, form #AGLC-1002412006.
  - HIPAA Form (not required in all states - if you're not sure, send it)
  - HIV Consent Form
  - Replacement Form (if replacing existing policy)
  - Disclosure Form (Not required in all states)
  - Any additional state specific and/or supplemental forms required.

**Note:** All of the above items must be completely filled out and submitted to HBW together as a complete packet, or your business will not be processed. **This includes the paramed.**
2. Once the application is received by HBW it will be reviewed for completeness. If the application is incomplete, you will be notified, via fax or e-mail, with information regarding the necessary corrections. Agents who continually submit incomplete applications will ultimately have the applications returned.
3. Once the application is complete it will be assigned a policy number, scanned and electronically sent to American General. **Note:** Once a policy

number is issued, HBW will fax the Agent a copy of the "Fax Transmittal Form" with the assigned policy number. If you do not receive the policy number within 48 hours, **do not resubmit the application**. Call HBW's New Business Processing Department to request the policy number. If Advance Payment has been collected, **do not mail until policy number has been provided. Write the policy number on the check and mail to American General**. All Premium Payments must be sent directly to American General at the following address:

AIG Life Brokerage Midwest Operations Center  
P.O. Box 401 Milwaukee, WI 53201-0401.

4. Once the application has been scanned and sent to American General, case information can be viewed by the Agent (typically within 24-72 hours) on [www.aiglifebrokers.com](http://www.aiglifebrokers.com).