

Banner Life Transmittal Form

AGENT'S INFORMATION: Name: _____ HBW Code #: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Fax: _____ Email Address: _____	Today's Date: _____ CLIENT'S INFORMATION: Carrier: _____ Client Name: _____ Date of Birth: _____
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UNDERWRITING

ENCLOSED ARE:

- Client Application
- Part II pages 5&6 must be completed
- Illustration (If applicable)
- Replacement Form (if replacing existing coverage)
- HIV (required if paramed exam is completed)
- Paramed Exam & Lab Ticket
Agents are responsible for arranging your client's paramed exam.
- Paramed Exam on Another Carrier's Form
(Correspondence required stating why another carrier's forms are being submitted)
- Bank Draft Authorization Form (1st months premium and voided check required)
- Pre-Payment in the amount of \$ _____
NOTE: Premium may only be submitted with applications on cases rated "Standard" or better. If the determined risk classification is less than "Standard" (table rated) **DO NOT SUBMIT PREMIUM.**
- Limited Temporary Agreement "Conditional Receipt"
Must have 2 months premium with PAC. 3 months of premium required if not paying with PAC

Other Attachments / Comments / Instructions Here:

PROCESSING BROKERAGE BUSINESS

For questions pertaining to processing Banner Life business (required forms, etc.) please contact Terri Staszak terri@hbwinc.com

STATUS AFTER SUBMISSION

Email terri@hbwinc.com

LICENSING

ENCLOSED ARE:

- Appointment Application
- Assignment of Commission
- Agent or Broker Agreement
- Agent Information Form
- License Application
- Solicitor's Agreement
- Authorization to Obtain and Disclose Information
- Selling Agreement
- W-9 Tax Form
- Photocopy of Errors & Omissions Insurance
- Photocopy of Life License
- Pre-Appointment State (Contact HBW)
- Other _____

For information pertaining to Licensing, please contact Susan Rice: susan@hbwinc.com

Banner Life Business Processing Instructions

1. [Banner Business Transmittal Form](#)
2. **State Specific application forms packet** - Completed, signed and dated, state specific application forms to include pages 5&6 non-medical
3. **HIPPA**
4. **HIV consent** - (If required)
5. **Quote/Illustration** - If premium is submitted
6. **Replacement** - (If applicable)
7. Any **supplemental forms** which pertain to the client's health and lifestyle
8. **Paramedical exam** -(if the paramed is on another carrier's form, a **signed** letter of explanation addressed to the carrier is needed as to why the paramed is being used.)
9. **Cash with application** (if applicable) - Please read through the Conditional Receipt agreement to ensure your client qualifies.
 - With Pre-Authorized Check Plan cases - Two months premium is required
 - Without Pre-Authorized Check Plan - One quarterly premium is required
 - Checks will not be accepted for sub-standard (table rated) cases.
10. **PAC/Monthly bank draft** if your client is drafting monthly/PAC and NO conditional receipt is submitted Banner requires 1 month of premium along with the voided check. Please note the PAC can be a delivery requirement.
11. FAX the following paperwork to HBW's New Business Processing Department at fax number (888) 501-1771.

IT IS REQUIRED THAT YOU KEEP THE ORIGINALS FOR AT LEAST 60 DAYS AFTER THE POLICY IS ISSUED BY BANNER LIFE.