

New Business Transmittal

Client Name(s): _____

Carrier Selected: _____

Agent: _____

Split Agent (if applicable): _____

Case Contacts

*Point of Contact regarding app/paperwork: _____

*Person to Receive Weekly Status Email: _____

*Send Weekly Status Email to: _____

Check List

(Not all Forms Apply in All Cases)

- ___ Application (state of _____)
- ___ Client is 'Saving Age' Please Rush
- ___ HIPAA Authorization
- ___ Non Married/Care Partner Forms
- ___ Personal Worksheet
- ___ Check in the amount of: \$ _____
- OR**
- ___ Credit Card Authorization (if applicable)
- ___ Advanced Payment Receipt
- ___ Potential Rate Increase Disclosure Form
- ___ Replacement form (if applicable)
- ___ Illustration
- ___ State/Carrier Specific Forms: _____
- ___ Other: _____

Date Faxed/Emailed to HLTC _____ 602-381-8503 / amy@heartlandltc.com

Date Mailed to HLTC _____ 5070 N. 40th Street, Suite 135 Phoenix, AZ 85018

