



AIG Life Insurance Company*

Wilmington, Delaware

American International Life Assurance Company in the City of New York

New York, New York

The United States Life Insurance Company in the City of New York

New York, New York

Member companies of American International Group, Inc.

Administrative Office: 3600 Route 66, Mailstop 3-D, Neptune, NJ 07753

1-888/710-6992 Fax 1-732/922-7523 or Fax 732/922-555

*This company does not solicit business in New York.

Name of Group: _____

Please check appropriate box and provide information requested, if applicable:

Name of AIG Employee Benefits Sales Rep.: _____

Is this policy replacing an existing AIG Policy, if so, please provide policy number. _____

Is this policy replacing an existing AG/United States Life policy, if so, please provide policy number. _____

Effective date: _____ (Must be received 15 days prior to requested date)

Is a separate policy under this policyholder's name being written or is written under a different company, if so, please supply the company name. _____

General Agent Information, must be licensed with AIG in state(s) where group is located:

Is an AIG A&H policy being submitted in addition to this application? _____

General Agent # _____ (include copy of license)

Required Submission Data:

Name: _____

Master Application Form, Group & Voluntary, Some Applications may be state specific. Please see Note* below.

Tel #: _____ Fax #: _____

Group - Enrollment Forms (06673221-1009): or Census, fully completed. Voluntary-Enrollment/Application. This application is a combination of a Statement of Insurability and Enrollment form and therefore is subject to state laws. Please see Note* below.

E-mail Address: _____

Producer Information, must be licensed with AIG in state(s) where group is located:

Census (self cases); Self Billing Data Base or Eligibility File (spreadsheet) AM must contact GSA for database set up

Producer #: _____ (include copy of license)

Waiver Forms, fully completed - coverage must be contributory (not applicable for Voluntary Products)

Name: _____

Deposit check, should match quote or one month's premium (Voluntary products, applies to the Discount Dental plan only)

Pending, licensing sent to Home office - date: _____

Quote, benefits and number of employees should match application & enrollment forms

Licensing attached

Tel #: _____ Fax #: _____

Prior Carrier Bill (current), if replacing other coverage

E-mail Address: _____

Prior Carrier Certificate/Booklet, if replacing other coverage

Special Handling Requests: _____

Statement of Insurability, Group & Voluntary, if applicable. If applicable, see Note* below.

Quarterly Wage & Tax required for: employees age 70 and above, high family content or questionable eligibility

Quote request documentation including original submitted census

Home Office Billing up to 100 lives (available for up to 200 lives upon request)

Self Billing (over 100 lives)

*Note: The Master Application and Statement of Insurability forms may be subject to state laws. For the complete listing of available forms for your group please visit our website at www.agac.com and log into the Employee Benefits site. The interactive map will enable you to pull up the correct forms based on the state your group is located in. These forms can be printed from your desktop. If you need a supply of forms, visit our online ordering system at www.smartworks.com.

**Administration kits will be sent to the policyholder for groups under 100 lives.
Administration kits will be sent to the AIG Employee Benefits Client Manager for groups of 100+ lives.**

Submitted by: _____ Date: _____

Send new case submissions to New Business Underwriting at the address listed above.

Employer-funded & Voluntary groups should be received in our New Business Center 15 days prior to the requested effective date.