

I-800-VIP-LIFE

TRANSMITTAL CONTACT INFORMATION

PLEASE SEND ALL NEW BUSINESS APPLICATIONS VIA FAX, MAIL, OR E-MAIL TO THE APPROPRIATE OFFICE BELOW:

VIP Insurance

1200 Cottonwood Creek Trail, Ste. 800

Cedar Park, TX 78613

Phone: 800-847-5433

Fax: 1-888-233-8376

E-mail: VIPNewBiz@vipinsurance.com

OR

VIP Insurance / Char-Lyn Benefits, LLC / BMS Benefits, LLC

8133 Jackrabbit Rd.

Houston, TX 77095

Phone: 281-859-3000

Fax: 281-859-9500

E-mail: pam@vipinsurance.com



NEW BUSINESS TRANSMITTAL FORM

Agent/Broker Name: _____

Agent/Broker E-mail: _____

Agent/Broker Phone: _____ **Agent/Broker Fax:** _____

Send case correspondance to: Agent Above E-mail Phone Other: _____

Alternate Contact: Name _____ Contact info (e-mail or phone) _____

Client(s) Name: _____ **Date:** _____

Carrier: _____ **Product Name:** _____

Selected carrier because: Price Customer Loyalty Rating Class Other: _____

Type: Term 10 15 20 25 30
 UL SUL VUL MoneyGuard Annuity

Health Class Quoted (Check One): Preferred Best Non-Tobacco Preferred Tobacco
 Preferred Non Tobacco Standard Tobacco
 Standard Plus Standard
 Rated _____ Rated _____

Premium Mode (Check One): Annual Semi-Annual Quarterly Monthly

Modal Premium \$ _____ **Face Amount:** _____

DATE to SAVE AGE (Check One): Yes No

Attached, I have enclosed the following (please check all that apply):

- Application Exam APS HIPAA
- Check in the amount of: \$ _____

****IF NO EXAM IS ATTACHED I WOULD LIKE (please check one):**

- VIP TO ORDER EXAM I WILL ORDER THE EXAM

Other information regarding this sale (attach additional sheet if necessary): _____

