

Writing Agent

Name _____
Please Print

Street _____ City _____ State _____ Zip _____

Telephone (Please include area code) _____ Fax (please include area code) _____

Agent's Statement

To the best of my knowledge all statements in the Employer Group Health Application, Group Insurance Enrollment Cards, and Health Statements are complete and true. My client has been advised by me not to terminate any existing coverage until receiving notice that the coverage being applied for is accepted. I agree that I have no right to bind this coverage, alter terms of the insurance contract or Employer Group Health Application, or adjust any claim for benefits under the insurance contract.

Agent's Signature _____ Date _____

Check one: Social Security # _____ Tax ID # _____

Where would you like for us to send the PD's and ID Cards? Agent Address _____

Service Fees Payable to: Group Address _____

Advanced Insurance Administration, Inc.
1525 Merrill Drive, Suite 2000 Little Rock, AR 72211
Telephone: (501) 224-8269 Fax: (501) 312-4666

To be Completed by Administrator

Underwriter	Effective Date	Policy #	Approval Date	Decline Date

Check Amount Received _____ Check # _____

Agent Check List

Have you included:

- Employer Group Health Application?
- Employee Enrollment forms? (No Faxed Copies)
- Current Insurance Bill plus original effective dates?
- Deductible Report if applicable?
- Quarterly Tax & Wage Report?
- E-Doc Services Agreement?
- TPA Agreement?
- Business check payable to Advanced Insurance Administration?