



Supplemental Benefits Group

# New Business FaxApp

For all business except Long-Term Care  
(For LTC applications use form # GALIC-3-0001)

To: Great American Supplemental Benefits Group

Fax #: **877-704-8186**

## AGENT'S INFORMATION (Must be Completed)

FROM:	
PHONE #:	FAX #:
WRITING #:	EMAIL:
DATE:	NUMBER OF PAGES: <span style="float: right;">+ cover</span>

## APPLICANT'S INFORMATION (Must be Completed)

NAME:	SS#:	<input type="checkbox"/> CWA	<input type="checkbox"/> Draft
NAME:	SS#:	<input type="checkbox"/> CWA	<input type="checkbox"/> Draft
NAME:	SS#:	<input type="checkbox"/> CWA	<input type="checkbox"/> Draft
NAME:	SS#:	<input type="checkbox"/> CWA	<input type="checkbox"/> Draft
NAME:	SS#:	<input type="checkbox"/> CWA	<input type="checkbox"/> Draft

**All applications submitted with a single cover sheet must be from the same writing agent.**

### Procedures:

For the fastest service send one application per cover sheet and only one application per transmission. You may send up to five applications with a single cover sheet per transmission. **However, do not exceed 25 pages per transmission.** Simply complete the application and fax the following to **877-704-8186**.

- FaxApp Cover Sheet
- Application in numeric page order
- Any state specific or replacement forms where applicable
- **Copy of the initial premium check if collected from the client at Point-of-Sale or a void check so that we can draft for the initial premium. You must submit one or the other or the application cannot be processed.**

### Instructions:

- Please set your fax machine to receive confirmation to show that your fax went through
- You will receive a confirmation by email verifying that we have received the application. **This confirmation will include the case number.**

### Premium:

- Agents are encouraged to utilize the bank draft authorization to draft for the first premium in lieu of collecting the initial premium from the applicant.
- If you collected initial premium from the applicant **please indicate the case number on the check** and mail the check stapled to the top of the FaxApp cover sheet to:

Imaging-New Business  
P.O. Box 559015, Austin, TX 78755-9015

We must receive the premium within 10 days of receipt of the application. If it is not received within 10 days we will send you a letter stating that the money for the policy must be submitted immediately. If we do not receive the check after 20 days, a letter will be sent stating the policy will be cancelled in 5 days unless we receive payment for the issued policy. **If we do not receive payment after 25 days, a letter will be sent to you and the applicant stating the file has been closed and the policy has been cancelled due to non-payment of premium.**

**The Great American Supplemental Benefits Group Family of companies include:**  
Central Reserve Life, Continental General, Great American Life®, Loyal American Life®,  
Provident American Life & Health and United Teacher Associates Insurance Companies