



# BUSINESS TRANSMITTAL FORM

FORMS MAY BE DOWNLOADED FROM [HTTPS://WWW.USABLELIFE.COM](https://www.usablelife.com)

**ENROLLMENT COMPLETE:**  
(All Applications Submitted)  Yes  No

GROUP NAME \_\_\_\_\_

DATE SUBMITTED: \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_ ELIGIBLE EMPLOYEES: \_\_\_\_\_

NUMBER ENROLLED: \_\_\_\_\_

Address \_\_\_\_\_ List any subsidiaries to be billed with this group: \_\_\_\_\_

Phone number: \_\_\_\_\_

email address: \_\_\_\_\_

Section 125 Anniversary Date (if applicable) \_\_\_\_\_

Group Billing Number (existing groups only) \_\_\_\_\_

5500 Benefit Plan Year \_\_\_\_\_

**USABLE Life offers preparation of W-2s for disability claims. If desired please complete form [W2-AGREE \(12-04\)](#)**

TYPE OF BUSINESS: (DESIGNATE BELOW)	PLEASE COMPLETE THE PRODUCER INFORMATION BELOW AS IT IS NECESSARY TO PROCESS THIS GROUP. USE THE CHECKBOXES TO INDICATE IF COMMISSIONS ARE PAYABLE →		Yes	No
	<input type="checkbox"/> New Group <input type="checkbox"/> Resolicitation (Existing Group) <input type="checkbox"/> New Employee (Existing Group) <input type="checkbox"/> New Product (Existing Group)	USABLE LIFE AFFILIATE AGENCY _____		<input type="checkbox"/>
	AFFILIATE AGENCY REPRESENTATIVE _____		<input type="checkbox"/>	<input type="checkbox"/>
	BCBS REFERRING REPRESENTATIVE _____		<input type="checkbox"/>	<input type="checkbox"/>
	BCBS MANAGER _____		<input type="checkbox"/>	<input type="checkbox"/>
	BROKER _____		<input type="checkbox"/>	<input type="checkbox"/>
	ENROLLED BY USABLE REP _____		<input type="checkbox"/>	<input type="checkbox"/>
	_____		<input type="checkbox"/>	<input type="checkbox"/>
	_____		<input type="checkbox"/>	<input type="checkbox"/>
<b>BILLING OPTIONS: (CHOOSE ONE)</b> <input type="checkbox"/> Advance Billing (example: July payroll deductions pay August premiums)  <input type="checkbox"/> Current Billing (example: July payroll deductions pay July premiums)				
<input type="checkbox"/> E-bill (Online)    or <input type="checkbox"/> List bill (Invoice sent via mail)				
<b>BILLING CYCLE: (CHOOSE FROM DROP DOWN BOX)</b> *NOTE: WHEN CHOOSING NINTHLY OR TENTHLY BILLING CYCLE PLEASE DESIGNATE WHICH MONTHS MONTHLY    IN THE CALENDAR YEAR WILL NOT BE BILLED				

SPECIAL INSTRUCTIONS: \_\_\_\_\_

WHEN SUBMITTING A GROUP, A LISTING OF APPLICATIONS SUBMITTED IS REQUIRED. PLEASE SUBMIT IN A FORMAT SIMILAR TO BELOW.							
First	Name MI	Last	Product Type	Date	Effective Date of Policy	Monthly Premium	Upgrade Change

REPRESENTATIVE SIGNATURE: \_\_\_\_\_

TOTAL APPLICATIONS SUBMITTED: \_\_\_\_\_

TOTAL MONTHLY PREMIUM: \$ \_\_\_\_\_

