



## Sold Case Transmittal for Groups of 2-9 Employees

<b>Mail To:</b>	<b>CTGroup, Commercial Travelers Bldg., 70 Genesee Street, Utica, NY 13502</b>			
<b>Agent or Agency:</b>	NAME			
	ADDRESS			
	CITY	STATE	ZIP CODE	PHONE NUMBER
<b>General Agent or Agency:</b>	NAME			
	ADDRESS			
	CITY	STATE	ZIP CODE	PHONE NUMBER
<b>Subject:</b>	NAME OF EMPLOYER			
<b>Identify Plan(s) Sold:</b>	<input type="checkbox"/> Group Life <input type="checkbox"/> Short Term Disability <input type="checkbox"/> Intermediate Disability <input type="checkbox"/> Long Term Disability			
<b>THE ABOVE CASE IS SUBMITTED FOR PROCESSING AND INCLUDES THE FOLLOWING:</b>				
1.	<input type="checkbox"/> Application / Participation Agreement (Employer signature required on both sides of application)			
2a.	<input type="checkbox"/> Application for Group Insurance Requiring Evidence of Insurability (Use for all applicants whose benefit amount(s) exceeds the Guaranteed Issue Limits)			
2b.	<input type="checkbox"/> Group Enrollment Card (for applicants eligible for Guaranteed Issue Benefits)			
3.	<input type="checkbox"/> Employer's initial deposit check dated    /    /    for \$ _____ (make check payable to <b>CTGROUP</b> )			
4.	<input type="checkbox"/> Copy of Proposal			
<b>WHERE COVERAGE IS REPLACED:</b>				
1.	<input type="checkbox"/> A copy of the carrier's monthly premium statement; <i>and</i>			
2.	<input type="checkbox"/> A copy of the prior carrier's contract, certificate or booklet.			
<b>USE THE SPACE PROVIDED BELOW TO DESCRIBE ANY SPECIAL SITUATION OR TO GIVE SPECIAL INSTRUCTIONS</b>				