



Sold Case Transmittal

Mail To:	CTGroup, Commercial Travelers Bldg., 70 Genesee Street, Utica, NY 13502			
Agent or Agency:	NAME			
	ADDRESS			
	CITY	STATE	ZIP CODE	PHONE NUMBER
General Agent or Agency:	NAME			
	ADDRESS			
	CITY	STATE	ZIP CODE	PHONE NUMBER
Subject:	NAME OF EMPLOYER			
Identify Plan(s) Sold:	Indicate on Back of Group Master Application			
THE ABOVE CASE IS SUBMITTED FOR PROCESSING AND INCLUDES THE FOLLOWING:				
1.	<input type="checkbox"/> Group Master Application—See proposal for precise form number			
2a.	<input type="checkbox"/> Group Enrollment Card (for applicants eligible for Guarantee Issue Benefits) See proposal for precise form number			
2b.	<input type="checkbox"/> Employees' Application for Group Insurance (for all applicants requiring Evidence of insurability) See proposal for precise form number			
3.	<input type="checkbox"/> Employer's initial deposit check dated / / for \$			
4.	<input type="checkbox"/> Copy of Proposal			
WHERE COVERAGE IS REPLACED:				
1.	<input type="checkbox"/> Transferred Business Information (Form 50031)			
2.	<input type="checkbox"/> A copy of the carrier's monthly premium statement; <i>and</i>			
3.	<input type="checkbox"/> A copy of the prior carrier's contract, certificate or booklet.			
ADMINISTRATIVE ISSUES:				
1.	<input type="checkbox"/> Where benefits are based on earnings, changes in benefits and premium will occur on the policy anniversary date unless we are advised differently.			
2.	<input type="checkbox"/> Standard billing format is a list billing statement which is sent to the policyholder when the premium is due.			
DESCRIBE ANY SPECIAL SITUATION OR TO GIVE SPECIAL INSTRUCTIONS				