

Imeriti Life Insurance New Business Transmittal

Date: _____

To: Imeriti, Attn: Life New Business

From: _____
(Agent Name)

Contact Number: _____

Pages (including cover): _____

Has the medical exam been ordered? (Yes or No) _____

Did you already submit this app to the carrier? (Yes or No) _____



Is this a FundCollege case? (Yes or No) _____

Life insurance applications for the following carriers may be **faxed** to Imeriti in lieu of sending the originals, assuming no money was taken with the application:

Imeriti New Business Fax Line: 866.592.7974

American Fidelity
American General
Americo
Aviva
Banner
Foresters
Genworth
ING Reliastar
John Hancock Life (NOT LTC)

Lafayette Life
Lincoln Benefit Life
Lincoln Financial
North American
Prudential
Transamerica
United of Omaha
West Coast Life
Western Reserve Life

If money was collected with the application, or if the application is for a carrier not shown on the above list, then **originals** must be sent to the Imeriti Olympia Office:

FedEx or UPS (recommended):

Imeriti, Inc.
Attn: Life New Business
3723 Griffin Lane SE
Olympia, WA 98501

US Postal:

Imeriti, Inc.
Attn: Life New Business
PO Box 889
Olympia, WA 98507-0889