

Life, Annuity & LTC New Business Fax



To: Life, Annuity & LTC New Business

Fax # Used:

(267) 386-8132

From: _____

Date: _____

Pages: _____

During the next 48 hours, I can be reached at:

Phone # _____ Email _____

Please Check Each Box to verify you have reviewed the attached application(s)

- HIPPA Form
- Signed at (Solicitation City and State) is completed
- Replacement Form (if applicable)
- All signatures (both agent and client) are complete
- Agent fully certified/appointed in state where the application(s) were written

Applicant:

Company:

1. _____

1. _____

2. _____

2. _____

3. _____

3. _____

4. _____

4. _____

5. _____

5. _____

Life, Annuity & LTC Team- P: 215-876-6246 Ext. 3302 | E: lifesales@pfsinsurance.com

FOR PFS USE ONLY

REC. By PFS: _____

Missing: _____

Confidentiality Notice:

The information contained in this communication is confidential and intended only for the addressee. It may contain Protected Health Information (PHI) under HIPAA. Protected Health Information (PHI) is personal and sensitive information related to a person's health care. You, the recipient, are obligated, by law, to maintain it in a safe, secure and confidential manner. Re-disclosure, unless permitted by law, is prohibited. If you are not the intended recipient, you are hereby notified that any dissemination, disclosure, copying or distribution of this information is strictly prohibited and may be unlawful. Please notify the sender immediately to arrange for return or destruction of these documents.