EDUCATOR BENEFITS SOLUTIONS®
ASSURANT EMPLOYEE BENEFITS - NEW BUSINESS TRANSMITTAL FORM

New Business Transmittal Form must be sent to ASI with each new business submission, along with the signed Employer Master application, a copy of the final quoted plan, rates & Employee Enrollment Forms.

New Enrollment ☐   Re-enrollment ☐   New Hires ☐   Other AEB Lines of Coverage: STD ☐   LTD ☐   LIFE ☐
DENTAL ☐

Standard plan ☐   Custom quote ☐   Takeover: ☐ Yes* ☐ No   AEB Policy Number(s): _____

Please attach a copy of the prior plan

EMPLOYER INFORMATION

LEGAL NAME OF EMPLOYER:	
BILLING/CLAIM ADDRESS:	

CONTACT PERSON:		**E-MAIL:**	
TELEPHONE NUMBER:		**FAX NUMBER:**	

PLAN INFORMATION

PRODUCTS ACCOMPANYING TRANSMITTAL:	☐ STD ☐ LTD	**PLAN ANNIVERSARY DATE (MM/DD):**	**GUARANTEE ISSUE:** $
MANDATORY PLAN:	☐ Yes ☐ No	**IS ENROLLMENT COMPLETE?**	☐ Yes ☐ No

BILLING INFORMATION

EXACT DATE OF FIRST PAYROLL DEDUCTION: (MM/DD/YY)

NUMBER OF BILLING/CLAIM LOCATIONS (if more than 1, see instructions below)**:**

FREQUENCY OF BILLING (# OF BILLS PER YEAR): (If other than monthly, please indicate billing months)

PAYROLL DEDUCTION FREQUENCY (reflects # of payroll deductions; check one)**:**

Weekly ☐   Bi-Weekly ☐   Semi-Monthly ☐   Monthly ☐   Other ☐ (explain)

MONTHLY BILLING TO REFLECT (check one)**:**   1/12 of Annual Premium ☐   Deductions Taken Based on Pay Periods ☐ (explain)

MAILING INSTRUCTIONS

EMPLOYER DELIVERY KIT:	**SEND TO EMPLOYER** ☐	**SEND TO AGENT FOR DELIVERY TO EMPLOYER**	☐
EMPLOYEE CERTIFICATES:	**SEND TO EMPLOYEE** ☐	**SEND TO EMPLOYER FOR DELIVERY TO EMPLOYEE**	☐

COMMISSION INFORMATION			
AEB SALES REPRESENTATIVE NAME:		**AEB SALES REP NUMBER:**	
AEB SALES REP PHONE NUMBER:	(___)	**SALES OFFICE:**	

ENTITY	**NAME**	**NUMBER**	**PERCENTAGE (%)**
BROKER/AGENT:			

MULTIPLE BILLING/CLAIM LOCATIONS		
(Complete address & contact for each location & batch the enrollment forms by division)		
NAME OF BILLING/CLAIM LOCATION	**ADDRESS**	**CONTACT INFO (NAME, TELEPHONE, FAX)**

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Products Underwritten by Union Security Insurance Company