TRANSAMERICA®
Employee Benefits

Transamerica Life Insurance Company
P.O. Box 8063
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Phone: 800-400-3042
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Agent and Commission Form

PRODUCT INFORMATION

- ☐ UL - TransLegacy - High Face Amount
- ☐ UL - TransLegacy - High Accumulation Value
- ☐ Whole Life - Trans$ure
- ☐ Term Life – Trans Select Term
- ☐ Term Life - TAC$-Advantage
- ☐ Term Life - Voluntary Group Term (no advance)
- ☐ Term Life and Accident Combo - myPack
- ☐ Includes Accelerated Death Benefit - Long Term Care
- ☐ Self-Administered Basic Term Life
- ☐ Self-Administered Critical Illness
- ☐ Self-Administered Short-Term Disability
- ☐ Accident – AccidentAdvance
- ☐ Accident – AccidentSelect
- ☐ Accident – TransAccident
- ☐ Cancer - CancerSelect® Plus
- ☐ Critical Illness - CriticalAssistance Advance
- ☐ Critical Illness - CriticalAssistance Plus
- ☐ Critical Illness - CriticalAssistance Select
- ☐ Critical Illness – HealthPak CI Select
- ☐ Dental – TransSmile
- ☐ Disability - TransDI Plus
- ☐ Disability - TransDI Plus Preferred
- ☐ Disability – TransDI Elite
- ☐ GAP – TransConnect
- ☐ GAP – TransConnect II
- ☐ GAP – HealthPak TransConnect
- ☐ GAP – HealthPak TransConnect II
- ☐ HIP - HospitalSelect II HSA
- ☐ HIP - HospitalSelect II Non-HSA
- ☐ HIP - HealthPak HospitalSelect II
- ☐ HIP - TransChoice Advance
- ☐ HIP - TransChoice Plus
- ☐ HIP - TransChoice
- ☐ Other _____

COMMISSION TYPE

☐ Standard Commissions ☐ Level Commissions *(Requires Home Office Approval)* ☐ Small Group

GROUP INFORMATION

Enclosed are _____ applications that are part of a: | Oldest Application Date:

☐ New Group ☐ Existing Group Re-enrollment ☐ Existing Group New Location/Division ☐ Existing Group New Product/Rider

Group Name:	Group Number:	Location:	Requested Effective Date:

ENROLLMENT INFORMATION

Domicile State: | States where enrollment will take place:

Method of Solicitation: ☐ Face to Face ☐ Call Center ☐ Web ☐ Other _____

Method of Enrollment: *(If electronic enrollment, refer to our Electronic Enrollment Guide for rules regarding electronic enrollments)*
☐ Paper ☐ Electronic –vendor name _____

Will Signatures Be Captured Electronically? ☐ No ☐ Yes - Method of Signature: ☐ PIN ☐ Digitized Signature ☐ Recorded Line

For Life Insurance enrollments only: Needs Analysis Pamphlets & Buyer's Guides will be distributed by: ☐ Employer ☐ Enroller

DELIVERY INFORMATION

Check only one box for each item.

Master Contracts: ☐ Agency ☐ Employer ☐ TPA
Billing Statements: ☐ Agency ☐ Employer ☐ TPA/PCA
Special Instructions:

Administrative Kits: ☐ Agency ☐ Employer ☐ TPA
Policies/Certificates: Policy/Certificateholder, unless state requirements apply.

AGENT INFORMATION

Account Service Schedule: ☐ Monthly ☐ Semi-Annually ☐ Annually ☐ Other *(explain)*

Servicing Agency Name:	Servicing Agency Number:	Servicing Agency Contact:
Broker of Record: *(If other than the servicing agency)*	Servicing Agent Number:	Servicing Agency Contact Phone Number:
Enrollment Company:	Enrollment Company Contact:	Enrollment Company Contact Phone Number:

		Last Name	First Name	Agent #	Premium Share % (must = 100%)
Commission Split	Agent 1				%
	Agent 2				%
	Agent 3				%
	Agent 4				%
	Agent 5				%

Broker of Record Name _____ Broker of Record Signature _____ Date _____

PRODUCER LICENSING VERIFICATION

LIST ALL PRODUCERS/SOLICITORS PARTICIPATING IN THIS ENROLLMENT AND WHICH STATES APPLY.
INDICATE TYPE OF ENROLLMENT IN THE STATE COLUMN USING FOLLOWING SYMBOLS:
F = Face to Face C = Call Center W = Web O = Other

Producer Name	TEB Agent #	State	State	State	State