TRANSAMERICA®
Employee Benefits

Transamerica Life Insurance Company
P.O. Box 8063
Little Rock, AR 72203-8063
Phone: 800-400-3042
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Agent and Commission Form

PRODUCT INFORMATION

- ❑ UL - TransElite - High Face Amount
- ❑ UL - TransElite - High Accumulation Value
- ❑ 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 - CriticalEvents
- ❑ 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 Commission Rates ☐ Level Commission Rates *(Requires Home Office Approval)*

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:

Premium Split	Last Name	First Name	TEB Agent #	Premium Share % (must = 100%)
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