

Business Transmittal

Administrative Office:
777 Research Drive
Lincoln, NE 68521
877-940-7200
www.5starlifeinsurance.com



You must complete a separate Business Transmittal for each product, enrollment type and billing location.
A spreadsheet containing all the required information below may be used in place of this form.

Agency Name: _____ Email: _____ Regional/Director: _____
 Products: _____ Phone #: _____ Fax #: _____
 New Enrollment Re-Enrollment Pay Periods: Monthly Semi-Weekly Bi-Weekly Monthly Effective Date: _____

Group Name: _____						Group Number: _____	
Type of Enrollment: <input type="checkbox"/> Face to Face <input type="checkbox"/> Call Center <input type="checkbox"/> Web <input type="checkbox"/> Other _____						Number of Pay Periods: _____	
Insured's Name (Last, First)	Relationship (See key below)	Social Security (Last 4 numbers)	Employee # (If applicable)	Coverage Amount	Per Pay Period Deduction	Annualized Premium	Increase
1.	<input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> C						<input type="checkbox"/>
2.	<input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> C						<input type="checkbox"/>
3.	<input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> C						<input type="checkbox"/>
4.	<input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> C						<input type="checkbox"/>
5.	<input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> C						<input type="checkbox"/>
6.	<input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> C						<input type="checkbox"/>
7.	<input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> C						<input type="checkbox"/>
8.	<input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> C						<input type="checkbox"/>
9.	<input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> C						<input type="checkbox"/>
10.	<input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> C						<input type="checkbox"/>
11.	<input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> C						<input type="checkbox"/>
12.	<input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> C						<input type="checkbox"/>
13.	<input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> C						<input type="checkbox"/>
14.	<input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> C						<input type="checkbox"/>
15.	<input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> C						<input type="checkbox"/>
						Total	
						Grand Total	

Relationship key:
E = Employee
S = Spouse*
C = Child

* Spouse or equivalent, as defined by governing state law.