

# APPROVAL OF ADVERTISING REQUEST FORM



To: Marketing & Compliance Department

From: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ email: \_\_\_\_\_

Please email to: [rfuentes@afba.com](mailto:rfuentes@afba.com)  
Or fax to: 703-836-0944

**1. What type of material are you requesting approval?**

- Print Ad  Web Ad  Flyer  Presentation  eMail  Postcard  
 Other \_\_\_\_\_

**2. Which product(s) are being advertised?** (Check all that apply)  Group or  Individual

- Family Protection Plan  Critical Illness  Accident  Hospital Indemnity

**3. To whom will the material be distributed?** (Check all that apply)

- Existing Members  Prospects  FSRs  Other \_\_\_\_\_

**4. How will the material be circulated?** (Check all that apply)

- Magazine  Newspaper (describe)  Meeting/Seminar  Flyer/Stuffer/Postcard  
 Direct Mail  Brochure  Other \_\_\_\_\_

Describe Circulation: \_\_\_\_\_

**5. In which state(s) will the material be distributed?** \_\_\_\_\_

**6. Approximate number of pieces to be printed/distributed/mailed?** \_\_\_\_\_

**7. Initial distribution date:** \_\_\_\_\_

**8. Are you offering an incentive to respond?**  Yes  No  If yes, what? \_\_\_\_\_

**9. Do you have a scripted sales presentation?**  Yes  No  If yes, please attach a copy.

**FOR HOME OFFICE USE:** Ad Compliance # \_\_\_\_\_ Date Received: \_\_\_\_\_

Reviewed by: \_\_\_\_\_  
Regional Operations V.P. Compliance

Comments: \_\_\_\_\_  
\_\_\_\_\_

Comments Returned to: \_\_\_\_\_ Date: \_\_\_\_\_

Final Copy:  Approved  Approved w/ Revisions  Disapproved