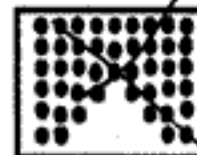




The Baltimore Life
COMPANIES

SecureSolutions™



Abacus

Transmittal Sheet

This transmittal sheet must be sent to ASI with each new business submission.

Note:

A different transmittal sheet should be completed if there are various locations, different billing addresses, different payroll frequencies, etc. For example, within one case there could be four different transmittal sheets.

New Enrollment Re-enrollment Cafeteria Plan

Name of Case: _____

Billing Address: _____

E-Mail: _____

Contact Person(s): _____

Telephone Number(s): _____

Number of Locations: _____

Number of Eligibles: _____ # of Participants: _____ Guaranteed Issue - Yes _____ /Products

New Employee Eligibility Waiting Period: _____ /Days

Is Enrollment Complete?: Yes No

Number of Policies Accompanying Transmittal: _____ /STD _____ /LTD

Elimination Period/Benefit Period: _____

_____ /Life _____ /Critical Illness

*Payroll Deduction Start Date: _____ / _____ / _____

Group Effective Date: _____ / _____ / _____

Billing Frequency: _____ *Always Monthly*

Payroll Frequency: Wk Biwk Monthly 1/12th of Annual Premium: Yes No

Request ASI to make Welcome Call to Employer? Yes No

Who Gets First Month Bill: General Agent Employer Other (Explain) _____

Commission Splits for:	Abacus Region	Agent ID	1 st Year Percentage Takeover / NEW	Renewal Percentage
Name			% %	%
_____			% %	%
_____			% %	%

(Agent must be contracted/appointed.) (Round to nearest whole number.)

*All coverage is effective the date of Application. The policy issue date will be set after a sufficient number of payroll deductions can be made to cover a monthly billing.