

**Completing the New Business Submission Form
AWD-1002**

This form should be completed by the Agent. If completed prior to the initial enrollment, this form can be faxed to AWD Customer Service at the fax Number below. Customer Service will set up the Employer information and assign a MCP number in the Home Office Computer system. (The MCP number is a five digit number assigned to the firm.) The original AWD New Business Submission Form (AWD-1002) should accompany the applications and other required forms. Please take the time to complete this form accurately and in its entirety. It is imperative that this form be correct and complete.

A separate form must be completed for each new firm.

<i>AWD Customer Service Toll Free Fax Number</i>	<i>1-800-457-1011</i>
<i>AWD Customer Service Eastern Production Control Fax Number</i>	<i>(405) 523-5831</i>
<i>AWD Customer Service Western Production Control Fax Number</i>	<i>(405) 523-5833</i>

Complete the New Business Submission Form (AWD-1002) as follows:

1. Date – The date the form is being completed
2. Requested Effective Date – The effective date the business will go into effect. The effective date must be the first of the month.
3. Who completed this form? – Name of person who completed the form.
4. Phone # - The phone number of the person who completed the form.

Section 1: Agent Information

5. Agent of Record (Name and Number) – Name of agent responsible for the business. Indicate the AFA agent number assigned to the agent.
6. Phone Number – Complete the phone number of the Agent.
7. Fax Number – Complete the fax number of the Agent.
8. Email Address – Complete the email address of the agent, if available.
9. If AFA Account Representative is involved: Name and Number – Complete the name and agent number of the AFA Acct. Manager assisting with the business. (ie., the sale, enrollment, reservicing, etc)
10. Who is signing the applications? Name and Number – Complete the name and number of the writing agent(s) conducting the enrollment. If more than two writing agents will be participating in the enrollment, attach a list of those writing agents with their AFA agent numbers.
11. Are commissions being split/adjusted? Mark yes only if the commissions are being split or adjusted from your standard commission agreement. If yes, attach an alternate commission agreement to this form. The alternate commission agreement will be forwarded to the Commission Team for their review and approval.

Section 2: Employer Information

12. New Group - Indicate "yes" if a new group to AFA. Indicate "no" if business is a reservice, adding new line of coverage, or rolling to a new plan on existing business. If the business is existing, indicate the MCP # assigned to the firm.
13. Firm Name – Complete the legal name of the firm.
14. Phone Number – Complete the phone number of the firm.
15. Fax Number – Complete the fax number of the firm.
16. Federal ID # - Complete the firm's Federal Tax ID number.
17. Nature of Business – Provide a brief description of the type of business the firm performs.
18. Firm's Physical Address – Complete the physical address of the firm, meaning the street address. PLEASE DO NOT ENTER A PO BOX IN THIS AREA.
19. Firm's Contact Person/Title – Indicate the person to be notified regarding employees coverage.
20. Does the firm have employees w/residents outside the firm's resident state? Indicate "yes" if employees outside of the resident state of the firm will participate in the plans being offered by the firm. If yes, list those employees resident states. Indicate no if all the employees participating in the plans offered by the firm resident in the firm's resident state.
21. Are all employees covered by Workers Compensation? Mark yes or no. If no, please explain.
22. If Employer has section 125 & selling employer a Disability Shelf Plan select 60% or 70% of salary.

SECTION 3: Billing Information

23. Firm's Mailing/Billing Address – Complete the mailing address for the firm. If it is the same as the physical address (#18), put "SAME". PO BOXES ARE ALLOWED IN THIS AREA.
24. Are multiple billings required? Mark yes or no. If yes, attach a list of each location and their physical address. *Note: Agent must be licensed and appointed in each state)*
25. Reason for multiple billings – Brief explanation for the request of multiple billings.
26. How are payroll deductions made? Mark either "Current" or "Arrears".
Current: Payroll deductions are made in a current month for payment of the next month's premium's.
Example: Payroll deductions are made in January for February premiums.
Arrears: Payroll deductions are made in a current month for payment of the current month's premiums.
Example: Payroll deductions are made in January for January premiums.
27. Mail premium notice to: Indicate where premium notices are to mailed. If a Third Party Payor is receive the firm's billings and/or remit premium, The Third Party Payor must be pre-approved by the Home Office. A letter from the firm must be submitted with the business requesting that their billings be sent to the Third Party Payor. The Third Party payor is also required to sign a Privacy Non-Disclosure Agreement.
28. Third Party Payor's name/ mailing address – Indicate the name and mailing address of the Third Party Payor who will be receiving the firm's billings and/or remitting premium.
29. Third Party Payor's Contact Person/Title – Indicate the name of the person to be contacted regarding billing items.