

SISLink™

New Business Transmittal Checklist

1. *New Business Submission Form - Form # SISLink™ NBSF (12/02)*
2. *Employer Application – Form #01017
(three page form - must be completed by agent with employer’s signature on the 2nd page and employer’s initials and date on the 3rd page)*
3. *Single Case Agreement*
5. *SISLink™ Applicant Information forms - Form #A-01016(TX)*
6. *Copy of the Schedule of Benefits of the Primary Major Medical Plan*
7. *First month’s check made payable to Special Insurance Services*

_____ *Check Number*

_____ *Check Amount*
8. *Requested Effective Date* _____
9. *Effective Date of Major Medical Plan* _____
10. *Effective Date of Individual Coverage under Major Medical Plan (check one):*
 1st day of month following end of waiting period
 1st day immediately following end of waiting period
11. *Agent Appointment Forms (if necessary)*
12. *Please mail all New Business Submission materials to:*

Special Insurance Services
6509 Windcrest Drive #200
Plano TX 75024
Attn: Marketing or Marketing Rep Name

972-788-0699 phone
972-991-3936 fax
marketing@specialinc.com