



Writing Agent Transmittal Form

US Health and Life

Sales and Underwriting Office

8220 Irving Road • Sterling Heights, MI 48312

844-828-5968 • www.ushealthandlife.com

Employer Information	
Employer _____	Telephone Number _____
Address _____	City _____ State _____ Zip _____
Benefits Contact Person _____	Email Address _____
Is the employer a current client? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, for how many years? _____	
This section only for Employers with the SafeGuard Product	
Plan Sponsor/Administrator _____	Email Address _____
Second Authorized Rep _____	Email Address _____
Agent/Agency Information	
Writing Agent _____	Agent SSN _____
Writing Agency _____	Agency EIN _____
Address _____	
City _____	State _____ Zip _____
Telephone Number _____	E-mail Address _____
Second Agent _____	Agent SSN _____
Second Agency _____	Agency EIN _____
Address _____	
City _____	State _____ Zip _____
Telephone Number _____	E-mail Address _____
THE WRITING AGENT CANNOT SPLIT COMMISSIONS IF THE WRITING AGENT HAS AN ASSIGNMENT IN FORCE	
Commission Split Writing Agent: _____%	Commission Split Second Agent: _____%
Writing Agent Signature _____	Date _____
Second Agent Signature _____	Date _____