



Lincoln Mutual
Life & Casualty Insurance Company

Group Life Insurance Transmittal
Lincoln Mutual Life and Casualty Insurance Company
4510 13 Ave. S. • P.O. Box 1918, Fargo, North Dakota 58107

Date Submitted _____ SIC Code _____

Name of Group _____ Health Group-Roll No. _____

Address _____ Zip Code _____

Life Insurance Company _____ Association _____

Requested Effective Date _____ Anniversary Month _____

Combined Billing (Y/N) _____ Employee Contribution _____ Waiting Period _____

Group Leader _____ Group Phone No. _____

Was Life Sold With Health? Yes No All Transfers Existing Health Group

No. Employees _____ No. Enrolled: Health _____ Life _____

Consultant Name _____ Was a Broker Involved? Yes No

If yes, Broker Name and Company _____

Name of Insured	Life Volume	AD&D Volume	Dep. Life Y/N	Supp. Life Volume	STD Weekly Amount	LTD Monthly Salary	Total Premium
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Attachments:

Roster or Copy of Group Billing _____ Life Apps. _____ Payment _____

COMMENTS:

Name of Insured	Life Volume	AD&D Volume	Dep. Life Y/N	Supp. Life Volume	STD Weekly Amount	LTD Monthly Salary	Total Premium
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