

## HOW TO DO BUSINESS WITH THE iGROUP PROCESSING CENTER

### Case Submission:

- ALL new business applications **MUST** be faxed or emailed to your assigned case manager.
  - If you are unsure of who your case manager is please contact your immediate upline or marketing office.
- Please be sure to use the NEW BUSINESS TRANSMITTAL
- If you do not receive an acknowledgement memo confirming receipt via email within 1 business day, please contact your case manager to confirm receipt.

**DO NOT SEND NEW APPLICATIONS DIRECTLY TO THE CARRIER!**

### Case Status

- Agents are **REQUIRED** to register on the carrier website. From here you will be able to see any updates and status on each case.
- This is your **ONLY** direct access with the carrier.
- Please be sure to have the policy number and client name available during all correspondence.

### Requirements and Monies

- **ALL** requirements **MUST** be faxed to your case manager with a cover sheet indicating the client name and policy number.
- Please wait for your case manager to email you the policy number assigned and write the policy number in the MEMO section of the check.

*Overnight checks should be sent to:*  
iGROUP PROCESSING CENTER  
11166 Fairfax Blvd., Suite 300  
Fairfax, VA 22030

- **DO NOT send checks without a policy number. This could delay issue!**

### Illustrations and Marketing Support

- Please contact your immediate up line or Marketing Representative.



**Please Submit New Applications and Requirements to your New Business Case Manager**

**AGENT/AGENCY INFORMATION**

Agency Name: \_\_\_\_\_

Agent Name: \_\_\_\_\_

Agency Code: \_\_\_\_\_

Agent Number: \_\_\_\_\_

Contact Person Name: : \_\_\_\_\_

Contact Person E-Mail: \_\_\_\_\_

Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

**PROPOSED INSURED INFORMATION**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Face Amount: \_\_\_\_\_ Mode: \_\_\_\_\_ Plan: \_\_\_\_\_

**Cash With Application:** \_\_\_\_\_

**POLICY NUMBER (if available)** \_\_\_\_\_

New Application       Additional Underwriting       Final Underwriting       Delivery Requirement

**Enclosed Requirements:**

- |   |   |
|---|---|
| • | • |
| • | • |
| • | • |

This message is intended only for the use of the individual or entity to which it is addressed and may contain information that is privileged, confidential and exempt from disclosure. If the reader of this message is not the intended recipient or an employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that any distribution or duplication of this communication is strictly prohibited. Any inadvertent receipt by you of such confidential information is not intended to constitute a waiver of any privilege. If you have received this communication in error, please notify us immediately by telephone and return the original to us by mail. Thank you.