



West Coast Life Insurance Company

A PROTECTIVE COMPANY

To: TeleLife 1-888-615-9619

DATE: _____

APPLICANT'S NAME: _____

NUMBER OF PAGES (including cover): _____

** POLICY#: _____

BGA Name: _____ #: _____

PARTNER NAME: _____

BGA Fax Number: _____

** PARTNER POLICY # : _____

AGENT: _____

**** Policy number will be provided by TeleLife**

FORMS

AGENCY SENT

RECEIVED BY TL

	AGENCY SENT		RECEIVED BY TL	
			SIGNED	UNSIGNED
1) PRE-APPLICATION	1	<input type="checkbox"/>	1	<input type="checkbox"/>
2) REPLACEMENT FORM	2	<input type="checkbox"/>	2	<input type="checkbox"/>
3) HIV CONSENT FORM	3	<input type="checkbox"/>	3	<input type="checkbox"/>
4) CHECK-O-MATIC FORM	4	<input type="checkbox"/>	4	<input type="checkbox"/>
5) CONDITIONAL RECEIPT	5	<input type="checkbox"/>	5	<input type="checkbox"/>
6) ACCELERATED DEATH BENEFIT FORM	6	<input type="checkbox"/>	6	<input type="checkbox"/>
7) HIPAA	7	<input type="checkbox"/>	7	<input type="checkbox"/>
8) STATEMENT REG. ILLUST.	8	<input type="checkbox"/>	8	<input type="checkbox"/>
9) ARBITRATION NOTICE	9	<input type="checkbox"/>	9	<input type="checkbox"/>
10) DISCLOSURE FORM	10	<input type="checkbox"/>	10	<input type="checkbox"/>
11) QUOTE	11	<input type="checkbox"/>	11	<input type="checkbox"/>
12) ADDITIONAL (Please Specify)	12	<input type="checkbox"/>	12	<input type="checkbox"/>

Special Instructions: