

PERICO LIFE INSURANCE COMPANY



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NOTIFICATION OF SALE/RENEWAL FORM

Date: _____ To: _____
From: _____ Sender's Fax Number: _____
Sender's Email Address: _____ Notification of: Sale Renewal
Effective Date: _____ #Lives: _____ Sold Proposal Number: _____
Group Name: _____ City and State: _____

- 1.) Excess Loss Insurance:
- A.) Specific Deductible: \$ _____ Rx Card: Rx Same As Any Other:
Aggregating Specific Deductible (if applicable): \$ _____ Limited Increase Plan:
Specific Rates: EE: \$ _____ E+1: \$ _____ E+Children: \$ _____
Family: \$ _____ Composite: \$ _____
Contract Terms: 12/12: 15/12: 24/12: Paid: 12/15: Other: _____
Name of PPO Utilized: _____
Direct Precert Company Name: _____
Large Case Management Company Name: _____
Commission: _____% Remitting Net: Yes: No:
- B.) Aggregate Coverage: Yes: No: Aggregate Rate (PEPM): \$ _____ Split Funded Aggregate:
Optional Aggregate Accommodation Option @ _____ PEPM Yes: No:
Optional Terminal Liability Option @ _____ PEPM Yes: No:
Contract Terms: 12/12: 15/12: 24/12: Paid: 12/15: Other: _____
Benefits Covered: Medical: Rx Card: Rx Same As Any Other:
Dental: Vision: Short Term Disability:
Factors: EE: \$ _____ E+1: \$ _____ E+Children: \$ _____
Family: \$ _____ Composite: \$ _____
- C.) Group Life and Accidental Death and Dismemberment: Yes: No:
Life Schedule Copy Attached Yes: No:
Rates: \$ _____ per thousand per month life \$ _____ per thousand per month AD&D
\$ _____ per unit per month Dependent Life
Commission: _____% Remitting Net: Yes: No:
- D.) Copy of Benefit Plan(s) Sold is attached: Yes: No:

2.) TPA Name: _____ City and State: _____
Contact Person at TPA: _____ Phone: _____ Email: _____
Claims Contact at TPA: _____ Phone: _____ Email: _____

3.) Name of Licensed Agent Signing Policy Application(s): _____
Agent Phone Number: _____ Agent E-mail Address: _____

4.) Licensed Agency, or Agent, to whom commissions are assigned: _____

PLEASE COMPLETE #4 REGARDLESS OF CASE BEING QUOTED NET OF COMMISSIONS

PLEASE FAX/EMAIL IMMEDIATELY TO YOUR MARKETING REPRESENTATIVE