

AGENT'S NEW BUSINESS TRANSMITTAL

CHECK ONE:

- New Payroll Group
- Additions To Existing Payroll Group
- Direct Sales

CASE # _____

Simplified Issue Yes _____ No _____

Name of Company _____

MODE TYPES

- A Annual
- ABC Automatic Bank Draft
- PA Payroll Allotment

DATE _____

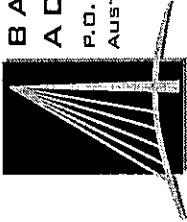
Agent # _____

Agent # _____ %

Agent # _____

Agent # _____ %

BAY BRIDGE ADMINISTRATORS



P.O. BOX 161690
AUSTIN, TEXAS 78716

1.	NAME OF INSURED	AGE	PAYMENT MODE	PREMIUM	DATE FIRST DEDUCTION	ISSUE DATE	CANCER & SPECIFIED DISEASE	HND. F-FAM.	INT. CARE	NO. UNITS	LIFE PLAN	\$ VOLUME	OTHER PLANS	CONTROL NUMBER
2.														
3.														
4.														
5.														
6.														
7.														
8.														
9.														
10.														
11.														
12.														
13.														
14.														
15.														
16.														
17.														
18.														
19.														
20.														

TOTALS

Estimated Production for Enrollment \$ _____

NUMBER OF POLICIES

*NO. USED TO CONTROL BILLING
(Employee No. or S.S. No.)

SEND (1) Original Mailed to Bay Bridge Administrators, Inc. (2) Second Copy- Agent's File