

CASE IMPLEMENTATION FORM

For New Cases and Re-enrollments

TEXASLIFE INSURANCE COMPANY

For **NEW CASES**: Complete Sections I and II

For **RE-ENROLLMENTS**: Complete Section I

For home office approval prior to enrollment, fax to 254.745.6355 or e-mail to caseimpform@texaslife.com.
 (Note: If enrolling electronically, two weeks notice is required for set-up.)
Any questions? Call 800.283.9233 ext 6850

Date: _____

SECTION I

GENERAL INFORMATION

Employer Name: _____

Employer Street Address: _____

Phone: _____ Fax: _____ E-mail: _____

Total number of Eligible Employees: _____

Enrollment start date: _____ Enrollment end date: _____

First deduction date: _____

Note: The issue date (premium due date) will be set by Texas Life based upon the first deduction date.

How many payroll deductions will be made annually for voluntary benefits:

52 48 26 24 12 Other

If "Other," give details: _____

Current Employee Benefit eligibility period for core and other benefits:

Immediate 30 days 60 days 90 days 120 days 150 days 180 days

Multi-state locations? Yes No

If "Yes," list states : _____

Since 1901 | 900 Washington | Post Office Box 830 | Waco, Texas 76703-0830 | 800.283.9233 | 254.752.6521

Do any employees live in any of the following states? (Check all that apply.)

AK FL GA IA LA MI MS NC NH OK SD WV

Enrollment Method: Paper Laptop Web-based assisted

If enrolling electronically, what software:

Texas Life's eas-e Common Census Benefit Focus Selerix Other _____

PRODUCER INFORMATION

Servicing Agent name: _____ Agent #: _____

(The Servicing Agent will receive all case correspondence.)

Agency name: _____

Address: _____

Phone: _____ Fax: _____ E-mail: _____

Send copy of underwriting offer to: _____

Please list all enrollers working on this case (use a separate sheet if needed): _____

Are all enrollers appointed with Texas Life in all states where appointment is required?

Yes No *(If "No," contact 800.283.9233 ext 6890 for appointment.)*

Please Note: All agents and enrollers must be licensed in the state(s) where applications for policies are solicited, and must be appointed by Texas Life Insurance Company.

PREMIUM SPLIT INFORMATION

IMPORTANT: THIS SECTION MUST BE RECEIVED BEFORE APPLICATIONS CAN BE PROCESSED

Provide Name, Agent Number and Premium Split Percentage.

Name: _____ Agent #: _____ Percentage? _____

Name: _____ Agent #: _____ Percentage? _____

Name: _____ Agent #: _____ Percentage? _____

Name: _____ Agent #: _____ Percentage? _____

Name: _____ Agent #: _____ Percentage? _____

Note: Percentages are for premium split only and not for commissions. Contact Marketing Administration at 800.283.9233 ext 6890 for questions related to commission.

SUPPLIES

Brochure Quantity: _____

Advertising Items Quantity: _____ (Trifolds, Enrollment Posters, Tent Cards)

Ship To: Name: _____

Street: _____

City/State/Zip: _____

Special remarks: _____

SECTION II

PRODUCT INFORMATION

Texas Life Product Offered:

PureLife-plus (UL) VPL-plus (WL) PureLife70 (NJ only) PureLife (PA only)

SOLUTIONS Series (WL, Actively at work): 521 423 421 321 221 121

Benefits/Riders:

No additional benefits Accidental Death Benefit Waiver of Premium Chronic Illness

Describe nature of business: _____

BILLING INFORMATION

Who will deliver deduction information to the employer?

Broker Enrollment Company Texas Life

Who will do the billing? Texas Life Other _____

Billing contact: _____

Employer billing address: _____

Phone: _____ Fax: _____ E-mail: _____

Are multiple billing locations needed? Yes No

If "Yes," give details: _____

Are department codes needed on the bill? Yes No

Will Employer pay any part of the premium? Yes No

Special remarks: _____

Only in California: Will ALL solicitation occur at the work place? Yes No

Please Note: In California, sales at a senior's home require a written notice to be delivered to the Texas Life home office and to the senior at least 24 hours prior to the meeting in the home. (CIC Section 789.10) Form # 09Mo70 is available on the internet at www.texaslife.com, or you may deliver your own notice in a substantially similar form.

IMPORTANT: To expedite processing of applications, sign and return the attached employer agreement with this form for all new cases.

VOLUNTARY LIFE INSURANCE EMPLOYER AGREEMENT

Texas Life Insurance Company and _____ (Employer), agree to provide for the Employer's eligible Employees a Payroll Deduction Program for payment of premiums on Texas Life's individual voluntary life insurance policies. The Employer will deduct from the salary or wages of all participating Employees the premiums on their policies and remit the amount deducted to Texas Life at its home office in Waco, Texas, on the Common Due Date(s) (as defined below). The Employer will give prompt notice to Texas Life's agent or home office, of the name(s) and policy number(s) of any participant who leaves its employ, changes a payroll deduction authorization, dies, or for whom payroll deductions will no longer be made for any reason.

Eligible Employees will be those who have been employed for the minimum time required for the payroll deduction program selected at enrollment date.

The Common Due Date for this Program is the first day of each month. Texas Life will provide the first Common Due Date before the end of the enrollment. Texas Life will furnish to the Employer, as part of each bill, a detailed statement showing the individuals and total amounts due and any current changes, according to its records at billing date.

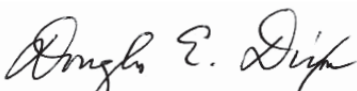
To assist Texas Life in complying with customer identification requirements of the USA Patriot Act, the Employer states that: (1) any Employee census information provided to Texas Life was accurate, to the best of the Employer's knowledge, when given, and (2) the Employer has confirmed the identity of each Employee at hiring, or otherwise, by viewing a government-issued photographic identification document.

This agreement may be terminated at any time by the Employer or by Texas Life Insurance Company upon furnishing 90 days written notice. If this agreement is terminated, the Employer will be responsible only for the remittance to Texas Life of any full premiums deducted prior to the termination date. In the event deductions for any particular policy are to be discontinued on other than a Common Due Date, the amounts already withheld from pay, if any are to be refunded to the Employee, and Texas Life is to be notified as provided above.

Executed this _____ day of _____, 20_____.

Texas Life Insurance Company, Waco, Texas

Employer: _____

By: 
Douglas E. Dixon,
President & CEO

By: _____

Print Name: _____

Title: _____

Texas Life enters into arrangements with entities (Intermediaries) that may participate in the sale of its products. Texas Life may pay the Intermediary base commission for the sale and renewal of the products and may pay additional compensation such as payments, fees, commissions, awards, overrides, bonuses, contingent commissions, loans, gifts, prizes or other valuable consideration. If you would like further information, ask your Intermediary or Texas Life for details.