

CASE IMPLEMENTATION FORM

For New Cases and Re-enrollments



**For home office approval prior to enrollment, 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 : _____

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: Web-Based Assisted Web-Based Unassisted (Self-Enroll)
 Combination Assisted and Unassisted

If enrolling electronically, what software:

Texas Life's eas-e BenefitHub/MGM 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 6850 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 Case Implementation at 800.283.9233 ext 6850 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: _____

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

SECTION II

PRODUCT INFORMATION

Texas Life Product Offered:

PureLife-plus (UL)

Benefits/Riders:

No additional benefits Accidental Death Benefit Waiver of Premium Other

If "Other," give details: _____

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

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 ("Texas Life") and the employer identified below ("Employer"), are discussing the possibility of, or have already agreed for Texas Life to provide certain insurance benefits for the Employer's eligible employees and dependents via a payroll deduction program for payment of premiums for Texas Life's voluntary life insurance contracts selected by each such employee (the "Program"). Employer will deduct from the salary or wages of all participating Employees the premiums for their contracts and remit the amount deducted to Texas Life at its home office in Waco, Texas, on the Common Due Date, as indicated below.

Employer may designate other third parties to assist Employer with the Program, including a broker, a plan administrator, a payroll processor or other service provider. Employer will inform Texas Life of the name and scope of services to be provided by each such third party (each, an "Employer Service Provider"). Employer, and not Texas Life, is responsible for ensuring that each Employer Service Provider has been appropriately selected and obligated to protect Employer information (including sensitive information about Employer's employees and their dependents) from unauthorized access and use. Employer authorizes Texas Life to share with each Employer Service Provider the appropriate information reasonably necessary to assist that Employer Service Provider in its performance of activities relating to the Program for Employer. Employer authorizes Texas Life to receive from each Employer Service Provider and to rely on the information provided by each Employer Service Provider relating to the Program.

Employer will hold Texas Life harmless relating to the actions or other malfeasance of its Employer Service Providers. Employer will give prompt notice to Texas Life's home office or Employer Service Provider for all participating Employee's eligibility, demographic changes, and/or payroll deduction changes.

Eligible employees will be those who have been employed for the minimum time required for the payroll deduction program selected at enrollment date or as defined in the Employer master policy issued by Texas Life, as applicable.

Texas Life will provide You or your Employer Service Provider the first Common Due Date before the end of the enrollment and furnish a detailed statement showing the individuals and total amounts due and any current changes.

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 upon furnishing the agreed upon time frame as defined in the employer master policy or 90 days written notice, whichever is first. If this agreement is terminated, Employer shall remit to Texas Life all full premiums deducted prior to the termination date. In the event deductions for any particular contract 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.

Common Due Date: First day each calendar month

EMPLOYER

Printed Employer Name: _____

By: _____

Printed Name: _____

Title: _____

Date: _____

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.

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Form: 20M113