

17782 E. 17th St., #206 Tustin, CA. 92780

www.ocbis.com Phone/Toll Free (714) 550-0159 (866) 357-9329 Fax (714) 550-0869

Help Us Provide You With The Most Efficient Life Application Processing.

<u>Please Complete This Form!</u>	
1. Yes / No	Have the medical requirements been ordered?
	If yes, provide vendor name and scheduled date.
2. Yes / No	Would you prefer to have OCBIS order the exam?
3. Yes/ No	Have you included your contracting forms if you are not appointed?
4. Yes / No	Have you included the proposed insured's personal physician's name and address and phone #?
5. Yes / No	Have you included the necessary HIV consent form, HIPAA and Replacement forms?
6. Yes / No	Is this case a 1035 Exchange? If yes, are the proper forms included? Please note that all carriers require original signatures.
7. Yes/No	Have you completed the Agent's Report?
8. Yes/No	UL products: Did you include a signed illustration or waiver of illustration?
Notice:	Do Not collect money if you have reason to believe this is a

potentially impaired risk case.

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Our goal at OCBIS is to process your cases as quickly as possible with the care and attention it deserves. Thank you for your cooperation