

Fax cover sheet

Please indicate intended recipient below.



The Capitol Life
Insurance Company

To: (check one)

Pages
(including cover)

New application submission

(Use only for the original submission of the New Business application packet)

Fax: **859-425-3368**

Follow up documentation requested

(Use only when sending additional information/pages for an existing New Business policy submission or if requested by a case manager.)

Attn:

Fax: **855-447-0391**

Underwriting information requested

(Use after new application submission only if contacted by Underwriting for additional information)

Attn:

Fax: **855-411-9633**

From

Email

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Phone

Fax

Date

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I have included the following:

Application Transmittal form Bank draft requirements Other required forms Trailing documentation

Applicant A name

Policy number

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Applicant B name

Policy number

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Comments

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Due to HIPAA privacy of information, faxed responses will not include the name of a policyholder or applicant but, when appropriate, will reference the policy/application tracking number. Information will only be provided if your inquiry pertains to policyholders or applications for which you are either the writing agent or otherwise associated with the policy or application for coverage.

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