UW:_____

FAMILY HERITAGE LIFE INSURANCE COMPANY OF AMERICA
NEW BUSINESS TRANSMITTAL

DATE [/   /   ]
M M / D D / Y Y

AGENT # [   ]

All Applications listed are paid by: **(Check one only)**

☐ **ACH** ☐ **Check** ☐ **Debit/Credit Card**

_____
(SALES REPRESENTATIVE)

_____
(AGENCY OWNER)

APPLICATIONS WRITTEN IN STATE OF: _____

DATE RECEIVED STAMP (HOME OFFICE USE)

BATCH NUMBER (HOME OFFICE USE)

INSTRUCTIONS/COMMENTS:

POLICY NUMBER Home Office assigns	APPLICANT'S NAME (FIRST) (LAST)	PRODUCT (C), (ICU), (H), (A), (HIP)	MODAL PREMIUM	COLLECTED PREMIUM	H. O. USE
	1.				
	2.				
	3.				
	4.				
	5.				
	6.				
	7.				
	8.				
	9.				
	10.				
	11.				
	12.				
	13.				
	14.				
	15				
		TOTALS			

FORM NBT (2017)