



# NEW BUSINESS CHECKLIST TENNESSEE

## SUBMISSION OPTIONS

### ELECTRONIC APPLICATION:

If the application is being submitted electronically, provide the Applicant with the applicable required disclosure documents from the eApp Disclosure Packet, Form No. 5354CFG-TN

### FAX:

(877)261-3266

Please include completed Application Fax Cover Sheet, Form No. [3969CL-U](#)

### MAIL:

PO Box 1381  
Binghamton, NY 13902-1381

### EXPRESS MAIL:

4704 Vestal Parkway East  
Vestal, NY 13850

## CONTACT

### PHONE:

(800)423-9765

### EXTENSIONS:

New Business – 4902  
Underwriting – 5904  
Sales Support – 7582

### WEBSITE:

[www.cfglife.com](http://www.cfglife.com)

## IMPORTANT INFORMATION:

Do not submit the application if any question in Part 1 or any two questions in Part 2 of the Health History are answered "Yes."

## SUBMIT THE FOLLOWING APPLICABLE FORMS:

- Application**  
*Form No. ICC19 A644-CL*
- Children's Term Insurance Rider (Grandchild Rider)**  
*Form No. ICC18 A640-CL*  
A signed and completed Supplemental Application for Children's Term Insurance must be submitted with the application when the rider is being applied for.
- Replacement**  
*Form No. 1925CFG*  
If a replacement is occurring, complete the Replacement form. Provide a copy to the Applicant and submit a signed copy to the Company.
- Initial Premium Payment**  
If the initial premium is being submitted with the application, submit a personal check, cashier's check or money order from the Applicant made payable to Columbian Life Insurance Company. If premium will be paid by bank draft, include a voided check or deposit slip if available.

COLUMBIAN LIFE INSURANCE COMPANY  
Home Office: Chicago, IL

Administrative Service Offices: Binghamton, NY 13902-1381 • Syracuse, NY 13201-1056