



NEW BUSINESS CHECKLIST OKLAHOMA

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-OK

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

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. ICC21 A745-CL
- Accelerated Death Benefit Rider Disclosure**
Form No. 6180-CL (IC)
A signed and completed Accelerated Death Benefit Rider Disclosure must be submitted with the application when the rider is being applied for.
- 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. 4123CFG
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