
FACSIMILE TRANSMITTAL SHEET

TO:	FROM:
POS Reconciliation Team POSApplications	
DEPARTMENT:	DATE:
New Business	
FAX NUMBER:	TOTAL NO. OF PAGES INCLUDING COVER:
1 877 3294631	of
PHONE NUMBER:	PHI #/REFERENCE ID #
1 866 466 7166	
RE:	CERTIFICATE NUMBER:

URGENT FOR REVIEW PLEASE COMMENT PLEASE REPLY PLEASE RECYCLE

NOTES/COMMENTS:

This Form must be completed and returned with the signed application.

We require pages 1 and 5, of the application form, to be completed in full. Please ensure that the proposed insured's street address is complete and that they have signed application page 5.

If this form is not received, we are unable to process the POS reconciliation.

Please note to indicate the PHI # /reference ID that was given at the time of the Apptical interview.

Thank you.