Reset

Standard Insurance Company
The Standard Life Insurance Company of New York
Individual Disability Insurance
Administrative Office: 1100 SW Sixth Avenue Portland OR 97204-1093

Producer Information Report
Guaranteed Standard Issue
Graduate Medical Education

Residency Program Name	Requested Effective Date (Must be the first of the month)	
Producer Name (Please Print)	Producer No.	Agency
Phone Number	Email Address	

Other producer(s) to receive credit for these applications:

Name (Print) _____ Producer No. _____ Percent _____

Name (Print) _____ Producer No. _____ Percent _____

Name (Print) _____ Producer No. _____ Percent _____

For questions 1 – 4 please answer Yes or No	Yes/No
1. Has all licensing and appointment paperwork, for all states involved, been submitted to Producer Services, on all producers receiving commissions on this applicant? ..... If No, please explain: _____ _____ _____ _____	_____
2. Does the proposed insured read, speak and understand English? ..... If No, please explain: _____ _____ _____ _____	_____
3. To the best of your knowledge, is replacement involved or intended to be involved with this application?	_____

I Declare That: The Disclosure Notice-Information Practices was provided to the proposed insured with the application. I understand that the proposed insured completed and signed the application personally, and the application indicates the actual place of signing. I know of nothing affecting the risk that is not recorded on this application or in any accompanying written statement or letter. I understand that any exception to the statements made in this declaration for the proposed insured must be disclosed and explained above, and such an exception may affect The Standard's offer of coverage to the proposed insured.

_____ _____

Producer Signature Date

Print