



American General Life Insurance Company\*  
Houston, Texas  
The United States Life Insurance Company In the City of New York  
New York, New York  
National Union Fire Insurance Company of Pittsburgh, Pa.  
New York, New York  
\*This company does not solicit business in New York

**Neptune Administered Forms**  
Administrative Office  
P.O. Box 1580, Neptune, NJ 07753-1580

Please refer to the state-specific list for additional forms and applications.

## ADMINISTRATION FORMS

[Master Application for Employee Benefits](#) AIGB40040N

(For All Products in AL, AK, AZ, CA, CO, DE, ID, IL, IA, MI, MN, MS, NV, NE, NV, NH, NM, ND, NC, OK, PA, SC, OR, UT, VA, WV, WI, WY)

[Master Application for Employee Benefits](#) AIGB40040F

(For All Products in AR, OH, RI, TN)

[Statement of Insurability–Combo Application](#) AIGB40042 (See State Variations, Page 2)

[Statement of Insurability–USL–Group Programs](#) AIGB40010N

[Statement of Insurability–AGL–Voluntary Programs](#) AIGB40010V

[Group Employee Enrollment Form](#) AIGB100104A

[Change of Insured Name](#) AIGB100142

[Beneficiary Designation Form](#) AIGB100279A

[AGLA Sold Case](#) AIGB100185

[Case Data Sheet](#) AIGB100475

[Employers Agreement for Employee Paid Products](#) AIGB100413

[Payroll Deduction Authorization](#) AIGB100735

[Acknowledgement/Election of Cobra Continuation Right](#)

AIGB100410

[Reporting Summary For Reporting Salary Changes and](#)

[Terminations](#) AIGB100139

[Application to Reinstate Group Insurance](#) AIGB100107

[Refusal of Insurance Card](#) AIGB100106

[Affidavit of Domestic Partnership](#) AIGB100134

[Request a Quote for Conversion of Group Term to Individual](#)

[Whole Life](#) AIGB100407

[Request for Portability to Group Term Life Insurance](#) AIGB100110

[Request to Continue Supplemental Medical Products](#)

AIGB100443

[Enrollment Form for Group Voluntary Vision & Dental](#)

AIGB100103

## LICENSING

[Absolute Assignment](#) AIGB10098

[Individual Agent Appointment Application](#) AIGB100083

[Corporate/Executive Appointment Application](#) AIGB100084

[Hierarchy Form](#) AIGB100182

[Assignment of Commission Agreement](#) AIGB100170

[Contacting & Appointment Coversheet for Cross Sell](#)

AIGB100183

[Producer Address Change Form](#) AIGB100184

[Producer Agreement](#) AIGB100181

[MGA Agreement](#) AIGB100080

[Solicitor Without Per Diem Compensation Agreement](#)

AIGB100082

[Annualization Agreement](#) AIGB100169

## CLAIM FORMS

### Accident

[Group Hospital Accident Claim Form](#) AIGB100646

[Wellness Benefit Claim Form](#) AIGB100269

[Proof of Accidental Injury, Dismemberment](#)

[Claimant's Statement](#) AIGB100301

[Proof of Death Claim Claimant's Statement](#) AIGB100302

### Cancer

[Cancer Indemnity Expense Claim Form](#) AIGB100266

### Catastrophic Major Medical

[Catastrophic Major Medical Claim Form](#) AIGB100644

### Critical Illness

[Critical Illness Claim Form](#) AIGB100265

[Wellness Benefit Claim Form](#) AIGB100269

### Dental

[Dental Claim Form](#) AIGB100389

### Disability

[Disability Claim Packet](#) AIGB100069

[LTD W2 Prep Authorization Form](#) AIGB100607

[STD W2 Prep Authorization Form](#) AIGB100608

### Group Hospital Indemnity

[Group Hospital Indemnity Claim Form](#) AIGB100390

### Life

[Proof of Group Death Claim Form](#) AIGB100149

[Proof of Group Death Claim Form \(Dependent Life\)](#) AIGB100224

[Proof of Accidental Injury, Dismemberment](#) AIGB100223

[Accelerated Life Benefit Request](#) AIGB100222

### Waiver of Premium

For initial claim complete and submit all forms below

[Claimant's Statement, Waiver of Premium Form](#) AIGB100225-N

[Employer's Statement, Waiver of Premium Form](#) AIGB100225-E

[Attending Physician's Statement, Waiver of Premium Form](#)

AIGB100225-P

### Wellness

[Wellness Benefit Claim Form](#) AIGB100269

### Vision

[EYEMED Vision Out of Network Claim Form](#) AIGB100474

## Neptune Administered Forms

### NUFIC CLAIM FORMS

[Group Limited Healthcare Claim Form, Proof of Loss Hospital Indemnity, ER, POV](#) AIGB100349A

[Group Limited Healthcare Claim Form, Proof of Loss Accident Medical Expense \(AME\)](#) AIGB100349B

[Group Critical Illness Claim Form](#) AIGB100645

[Disability Benefits Claims Packet](#) AIGB100739

### STATE SPECIFIC FORMS

#### CA

[Statement of Insurability–Combo Application CA](#) AIGB40042CA

[Cobra Continuation Election Form CA](#) AIGB100442

#### CT

[Master Application for Employee Benefits CT](#) AIGB40040CT

[Statement of Insurability–Combo Application CT](#) AIGB40042CT

#### DC

[Master Application for Employee Benefits DC](#) AIGB40040DC

#### FL

[Master App for Employee Benefits FL](#) AIGB40040FL

[Statement of Insurability–Combo Application FL](#) AIGB40042FL

#### GA

[Master App for Employee Benefits GA](#) AIGB40040GA

[Statement of Insurability–Combo Application GA](#) AIGB40042GA

#### HI

[Master App for Employee Benefits HI](#) AIGB40040HI

[Statement of Insurability–Combo Application HI](#) AIGB40042HI

#### ID

[Statement of Insurability–Combo Application ID](#) AIGB40042ID

#### IL

[Statement of Insurability–Combo Application IL](#) AIGB40042IL

#### IN

[Master App for Employee Benefits IN](#) AIGB40040IN

[Statement of Insurability–Combo Application IN](#) AIGB40042IN

#### KS

[Master App for Employee Benefits KS](#) AIGB40040KS

#### KY

[Master App for Employee Benefits KY](#) AIGB40040KY

[Statement of Insurability–Combo Application KY](#) AIGB40042KY

#### LA

[Master App for Employee Benefits LA](#) AIGB40040LA

#### MD

[Master App for Employee Benefits MD](#) AIGB40040MD

[Statement of Insurability–Combo Application MD](#) AIGB40042MD

#### ME

[Master App for Employee Benefits ME](#) AIGB40040ME

[Statement of Insurability–Combo Application ME](#) AIGB40042ME

#### MO

[Master App for Employee Benefits MO](#) AIGB40040MO

[Statement of Insurability–Combo Application MO](#) AIGB40042MO

#### MT

[Master App for Employee Benefits MT](#) AIGB40040MT

[Statement of Insurability–Combo Application MT](#) AIGB40042MT

#### NC

[Statement of Insurability–Combo Application NC](#) AIGB40042NC

#### ND

[Statement of Insurability–Combo Application ND](#) AIGB40042ND

#### NE

[Statement of Insurability–Combo Application NE](#) AIGB40042NE

#### NH

[Statement of Insurability–Combo Application NH](#) AIGB40042NH

#### NJ

[Master App for Employee Benefits NJ](#) AIGB40040NJ

[Statement of Insurability–Combo Application NJ](#) AIGB40042NJ

#### NM

[Statement of Insurability NM](#) AIGB40010NM

#### NY

[Master App for Employee Benefits NY](#) AIGB40040NY

[Statement of Insurability–Combo Application NY](#) AIGB40042NY

[Statement of Insurability for Group Programs NY](#) AIGB60010NY

[Group Enrollment Form](#) AIGB60020NY

[Accelerated Life Benefit Request NY](#) AIGB100222-NY

#### OH

[Master App for Employee Benefits OH](#) AIGB40040-OH

#### OR

[Statement of Insurability–Combo Application OR](#) AIGB40042OR

#### SD

[Master App for Employee Benefits SD](#) AIGB40040SD

#### TX

[Master App for Employee Benefits TX](#) AIGB40040TX

[Statement of Insurability–Combo Application TX](#) AIGT40042TX

#### VA

[Statement of Insurability–Combo Application VA](#) AIGB40042VA

#### VT

[Master App for Employee Benefits VT](#) AIGB40040VT

[Statement of Insurability–Combo Application VT](#) AIGB40042VT

#### WA

[Master App for Employee Benefits WA](#) AIGB40040WA

[Statement of Insurability–Combo Application WA](#) AIGB40042WA

#### WI

[Statement of Insurability–Combo Application WI](#) AIGB40042WI

#### WV

[Statement of Insurability–Combo Application WV](#) AIGB40042WV