



## **SUBMITTING GOLDEN EAGLE FINAL EXPENSE APPLICATIONS**

Trinity Life and Family Benefit strive to provide timely and quality service to you and your clients. To help streamline this process please note how and where you submit the application information will depend on how the client is paying their premiums.

Many of your clients pay via **monthly bank drafts**. You may submit via **fax, agent portal or mail**.

For compliance reasons we are not allowed to store credit/debit card information. **Card paying clients** will have their authorization and card information gathered during the required telephone interview. **Do not fax or upload credit/debit or Direct Express card information**. The **application and information other than credit/debit or Direct Express card may be submitted via fax, agent portal or mail**.

**Fax:** Please include a cover sheet that has the requested information especially your contact information. Make sure you submit all the necessary forms such as replacement notices, bank draft information (including voided check), etc. to: **Fax #: 262-289-3224**. Please remember that the application is to be included in the formation of the policy. Not all fax transmissions provide a quality that would be appropriate for the contract. At times we may need to ask for a second fax, or even the original. We will do our best to use the faxed copy whenever possible.

**Agent Portal:** Uploaded at: [www.trinitylifeinsurance.com](http://www.trinitylifeinsurance.com) or [www.familybenefitlife.com](http://www.familybenefitlife.com).

First time users may create your own user name and password. You may upload the following types of files: doc, docs, pdf, xls, xlsx, jpg, jpeg, png, tiff or tif.

If your client is **submitting money with the application**: Please Upload through the Agent Portal or Fax the application packet per instructions above. Then please mail the payment along with a copy of the front page of the application to the Administrative Office in Frankfort, KY. This will help us match the payment to the policy when it is ready to issue.

**Mail:** **Regular Mail:**

Trinity Life or Family Benefit      or  
PO Box 5205  
Frankfort, KY 40602-5205

**Overnight:**

Trinity Life or Family Benefit  
200 Capital Ave.  
Frankfort, KY 40601

When faxing, please complete a cover sheet for **each application**. Please be sure to include the number of pages associated with this cover sheet and mark “Yes” or “No” for have you previously attempted to fax this item. If you receive a communication error and are resending, please answer “Yes” to have you previously attempted to send. Please make sure to **include your phone number and email address on the fax cover sheet** if we need to contact you.

If you have faxed or submitted the application via agent portal, do not resubmit unless you are specifically instructed to do so. If you are uploading, you can click on recent uploads and see exactly what you sent. We sometimes see an agent fax in an application then turn around and upload the same application through the agent portal or vice versa. If you resubmit please make a note on the resubmit that you are sending a second time. You and your client would not want two policies accidentally issued.

Please retain the original application until the policy has been issued. Then shred and destroy the original application and documents. You nor the Company are allowed to keep client’s credit/debit or Direct Express card information on file.

If you have any questions regarding the above information, please contact the Marketing Department at: 866-211-0811. We appreciate the opportunity to be of service to you and your clients.

## **GOLDEN EAGLE FINAL EXPENSE APPS--ONLY**

### **Fax Transmittal Sheet: Please complete all information**

**To:** New Business Department

**Fax #:** 262-289-3224

**Date:** \_\_\_\_\_

**Total # of Pages Including Cover:** \_\_\_\_\_

**Have you previously attempted to send this item:** Yes: \_\_\_\_ or No: \_\_\_\_

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#### **Applicant Information:**

**Insured's Name:** \_\_\_\_\_

**Telephone Interview Order Number:** \_\_\_\_\_

**Insured's Date of Birth:** \_\_\_\_\_

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#### **Agent Information:**

**Agent Name:** \_\_\_\_\_ **Agent #:** \_\_\_\_\_

**Agent Telephone #:** \_\_\_\_\_

**Agent Fax #:** \_\_\_\_\_

**Agent E-Mail Address:** \_\_\_\_\_

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The attached application is being submitted to the Golden Eagle Final Expense New Business Department for processing. Do not submit the original unless you are specifically instructed to do so. Please retain the original application until the policy has been issued. Then shred and destroy the original application. Questions? Please contact the Marketing Department at: 918-249-2438 or Toll Free at: 866-211-0811.

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**Confidentiality Notice:** The documents accompanying this telecopy transmission contain confidential information belonging to the sender which is legally privileged. The information is intended only for the use of the individual(s) or entity(ies) named above. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or taking of any action in reliance on the contents of this telecopied information is strictly prohibited. If you have received this telecopy in error, please immediately notify us by telephone to arrange for return of the original documents to us.