



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