# NEW BUSINESS FAX FORM
# CHESAPEAKE FINAL EXPENSE PLANS

**Fax Number: 405-302-1491** **_____ # of pages (including cover)**

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**Note:**

- **Use only for faxing an application when the initial premium will be drafted.**
- **Applications with checks must be mailed to the Home Office.**

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Phone number: _____ Fax number: _____

Agent name: _____ Agent number: _____

Special Instructions:_____

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### APPLICATION COMPLETION TIPS

- **FAX A COMPLETE & ACCURATE APPLICATION (BOTH SIDES) ALONG WITH ANY OTHER STATE REQUIRED FORMS**
- Use permanent **black ink**.
- **LEGIBLY print** in English.
- **RETAIN** the original application until the policy is issued, then destroy the original application.