

**American Continental Insurance Company (ACI)
Continental Life Insurance Company of Brentwood, Tennessee (CLI)**

Aetna Companies

**Genworth Life and Annuity Insurance Company (GLAIC)
Genworth Life Insurance Company (GLIC)**

Genworth Financial Companies; Administered by Aetna Life Insurance Company and its affiliates

Fax Cover Sheet

PAGES

Please indicate intended recipient below.

(including cover)

To: (check one)

New Application Submission Fax: **877 380.2777**

Use ONLY for the original submission of the New Business application packet.

Follow up Documentation Requested Attn: _____ Fax: 855 447.0391

Use only when sending additional information/pages for an existing New Business policy submission or if requested by a case manager.

Underwriting Information Requested Attn: _____ Fax: 855 411.9633

Use after new application submission only if contacted by Underwriting for additional information.

Date: _____

From: _____

Phone: _____ Fax: _____

Email: _____

I have included the following:

- Application Transmittal Form Bank Draft Requirements All Other Required Forms Trailing Documentation

Name of Applicant(s):

Policy Number(s):

Comments:

Due to HIPAA privacy of information, faxed responses will not include the name of a policyholder or applicant but, when appropriate, will reference the policy/application tracking number. Information will only be provided if your inquiry pertains to policyholders or applications for which you are either the writing agent or otherwise associated with the policy or application for coverage.

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