
Payroll Group Agreement

I hereby agree to allow Globe Life Family Heritage Division to present its supplemental insurance programs to my employees.

Name of Company _____ Phone _____

Company Address _____

City _____ State _____ ZIP _____

Description of Products and Services _____ Number of Employees _____

Contact Person _____ Phone _____

Contact Email Address _____

Billing Address (If different from above) _____

City _____ State _____ ZIP _____

Name of Authorized Personnel _____ Title _____

Signature of Authorized Personnel _____ Date _____

Agent of Record _____ Agent # _____

Sales Director _____ Agent # _____