Co-op Advertising and Lead Reimbursement Request Form

Agent Name _____ **Date** _____

Email _____ **Phone** _____

Summary of Issued Cases:

Client Name	Company Written

Total Cases: _____

Total Credits Redeemed: _____

Agent Signature _____

Reimbursement Requests may only be submitted when your account reaches 100 credits. For detailed information on how credits are calculated, please refer to the Qualification Details. Please attach a copy of your paid receipt. If requesting reimbursement for advertising, please also attach a copy of the printed ad.

AMERICAN BENEFITS CORPORATION

Phone	256-760-0099
Toll Free	800-239-6246
Fax	256-764-5145
Web	abc-insurance.com