



LIFE PROPOSAL REQUEST

CLIENT PROFILE:

Name: _____ Gender: _____ DOB: _____ State: _____
 Height: _____ Weight: _____ Smoker (Y/N): ____ If Y, Type: _____ Date of Last Use: _____
 Current Medication(s) - Please Include Name and Reason(s) for Use: _____

Medical History (Hospitalizations, Conditions, Diseases, Health Concerns - Include Date of Diagnosis):

Family Medical History (Heart Disease, Cancer {include type}, Other Medical Conditions) - List Member, Condition, Age of Onset and Age of Death If Not Living: _____

U.S. Citizen (Y/N): _____ If N, VISA/Green Card Status: _____
 Foreign Travel (Country and Length of Visit): _____
 Moving Violations in the Last 5 Years (Include Date and Type): _____
 Insurance Declines (If Any - Include Date, Reason and Carrier): _____

ADDITIONAL NOTES: _____

COVERAGE OPTIONS:

Face Amount(s): _____

TERM LENGTHS:

- 10 Years
- 15 Years
- 20 Years
- 25 Years
- 30 Years

UNIVERSAL LIFE:

- Current Assumption Universal Life
- Indexed Universal Life
- Guaranteed Universal Life

WHOLE LIFE:

- Full Pay Whole Life
- Abbreviated Pay Whole Life (10-Pay, 20-Pay, To Age 65)

RIDERS:

- Waiver of Premium
- Accidental Death Benefit (ADB)
- Long-Term Care/Chronic Illness

AGENT INFORMATION:

Name: _____ Agency: _____
 Contact #: _____ Email: _____

SUBMIT THE COMPLETED FORM VIA EMAIL
 individuallife@savoyassociates.com

QUESTIONS? ASK OUR INDIVIDUAL LIFE TEAM
 516.390.2710