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Simple Term Life Insurance Quote

Benefit Marketing Group, Inc

Please complete the following information if you would like to obtain a quote on Simple Term Life Insurance. Please understand this is not an application for insurance. This is only a form to request a quote.

All information provided on this sheet is confidential and will be used solely for the purpose of developing a quote for you.

Last Name | First Name | Middle Name | Gender ☐ M ☐ F | Social Security #

Address | City | State | Zip

E-mail Address

Day Phone | Evening Phone | Fax | Marital Status: ☐ Single ☐ Married ☐ Widowed ☐ Divorced ☐ Legally Separated

Applicant/Family Member to be enrolled

	Gender	Height (example 5'8")	Weight	Birthdate (00/00/00)
Applicant	☐ Male ☐ Female		lbs.	

What Benefit Amount do you want? ☐ $50000 ☐ $100000 ☐ $150000 ☐ $200000 ☐ $250000

How many years would you like a guaranteed level premium? ☐ 10 ☐ 15 ☐ 20 ☐ 30

What is your purpose for buying Life Insurance Protection?

- ☐ Family's financial security after death
- ☐ Replace existing insurance
- ☐ Supplement employer provided policy
- ☐ Payoff mortgage and debts
- ☐ Child's Education
- ☐ Estate planning/taxes
- ☐ Build cash value
- ☐ Burial Insurance

Do you smoke or use tobacco?

- ☐ None, ever
- ☐ None in last 5 years
- ☐ None in last 3 years
- ☐ None in last 1 year
- ☐ Pipes and cigars only
- ☐ Cigarettes
- ☐ Nicotine patches and gum

What is the amount of current life insurance? _____

What are your current life insurance companies? _____

What is your current monthly life insurance premium? _____

Comments or questions? _____

Please let us know the best time to call and discuss your quote.

Best Time to Contact You: ☐ Morning ☐ Afternoon ☐ Evening ☐ Anytime ☐ Specific Time _____

Affiliate ID Blind Cleaners

Fax to: 866-454-7922