



# Universal Life Insurance Quote

Benefit Marketing Group, Inc

Please complete the following information if you would like to obtain a quote on Universal Life Insurance. Please understand this is not an application for insurance. An application will be sent to you if coverage is desired.

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 Social Security #  
 M  F

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  \$200000  \$350000  \$550000  \$700000  \$1500000  \$2000000  \$4000000  \$10000000
- \$100000  \$250000  \$450000  \$600000  \$750000  \$1000000  \$2500000  \$5000000
- \$150000  \$300000  \$500000  \$650000  \$1000000  \$1500000  \$3000000  \$7000000

What is your purpose for buying Life Insurance Protection?

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

Do you smoke or use tobacco?

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

Have you ever been treated for cancer, diabetes, or cardiovascular disorders in your life?  No  Yes, please describe

What medications are you taking if any \_\_\_\_\_

Are there any health problems that you think that would impact the rate?  No  Yes, please list \_\_\_\_\_

Have you had 2 or more moving violatoin in the last 2 years or any DUI's in the last 5 years?  No  Yes, please describe

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 \_\_\_\_\_

Fax to: 866-454-7922  
Benefits Marketing Group, Inc