

# Client Life Insurance Request –

If Click to Send Email Feature is not working with your email program,  
Please save the form and send as attachment to [info@lbiusa.com](mailto:info@lbiusa.com)

Proposed Insured Name: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_  
Gender: Male  or  Female Proposed Insured Resident State: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Email: \_\_\_\_\_  
Address: \_\_\_\_\_  
Preferred Method of Contact:  Phone  Text  Email

Build: Height \_\_\_\_\_ Weight \_\_\_\_\_ Any Weight Loss in Last Year? If So, How Much \_\_\_\_\_

Have You Ever Used Any Form of Nicotine? No  Yes   
If Yes What Type:  Cigarettes  Cigars  Pipe  Chew  Patch  Nicorette Gum  E-Cigarette  Vape  
Frequency of Use: \_\_\_\_\_ Date Last Used \_\_\_\_\_

Are You Currently Taking Any Medications? If Yes, Please Provide Medication Name, Frequency and Dosage:

Any Health Impairments? (Diabetes, Arthritis, Hypertension, High Cholesterol, Cancer, etc.) If yes; specify type of impairment, date of diagnosis and treatment:

Any Family History of Cardiovascular Disease or Cancer history in either Parent or Sibling(s)? If yes please specify whom, condition, age at diagnosis, current age if living or if deceased age at death:

## Desired Type of Life Insurance Coverage

### Term Life - Level Term

10yrs  15yrs  20yrs  25yrs  30yrs  35yrs  40yrs  Return of Premium Term

### Permanent Life Insurance:

Universal Life  Guarantee UL  Index UL  Whole Life  Survivorship Life

Budgeted Premium Commitment Per Year: \_\_\_\_\_

What is desired premium payment mode  Annual  Semi-Annual  Quarterly or  Monthly

Death Benefit Option:  Level (stays the same)  Increasing (increases over time)

Policy Goal:  Death Benefit or  Income If income what age to start payments? \_\_\_\_\_

Additional Riders:  Waiver of Premium  Accidental Death benefit  Child Term Rider - # of unit's \_\_\_\_\_

Chronic illness rider  Long Term Care Rider

Face Amount Desired: Option 1 \$ \_\_\_\_\_ Option 2 \$ \_\_\_\_\_ Option 3 \$ \_\_\_\_\_



## BENEFITING YOUR FUTURE



GROUP BENEFITS & INDIVIDUAL INSURANCE SOLUTIONS

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