

**CLIENT NAME:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
 Male  Female Date of birth: \_\_\_\_\_ Height: \_\_\_\_\_' \_\_\_\_\_" Weight: \_\_\_\_\_  
**Tobacco Use:**  Never used  Totally stopped Date stopped: \_\_\_\_\_  Use now Type of nicotine product: \_\_\_\_\_  
**Type of Coverage:**  Term  UL  Survivor **Coverage Amount:** \_\_\_\_\_ **Anticipated Premium:** \_\_\_\_\_

**FAMILY HISTORY**

Has proposed insured had a parent, brother or sister who had cancer, diabetes, stroke, heart or kidney disease or who committed suicide? **If yes, use separate sheet to provide this information, including age of onset and date of death**

**PROPOSED INSURED'S EXISTING INSURANCE**

Full Name of Company	Face Amount	Year Issued	Is Policy to be Replaced?

1. Proposed Insured: \_\_\_\_\_ 2. Social Security No.: \_\_\_\_\_
3. Date of Entry to USA: \_\_\_\_\_ 4. Place of Birth: \_\_\_\_\_ 5. Date of Birth: \_\_\_\_\_
6. Country of Citizenship \_\_\_\_\_ (if U.S. Citizen, skip to 12.)
7. Do you possess an Alien Registration Receipt, "Green Card"?  Yes  No
8. Type of Visa (see listing of Visa types): \_\_\_\_\_
9. Visa Expiration Date: \_\_\_\_\_
10. Do you own assets or property outside the U.S.? (List) \_\_\_\_\_
11. Do you own assets or property inside the U.S.? (List) \_\_\_\_\_
12. Length of time with present employer: \_\_\_\_\_
13. Do you plan to travel or reside outside of the U.S.?  Yes  No  
If yes, please provide detail.

**Next 12 Months**

Destination (S)	Date (s)	Duration of Stay	How Often

14. Remarks: \_\_\_\_\_

**Visa Types**

<b>A:</b> Government Official	<b>I:</b> Information Media Rep.
<b>B1:</b> Visitor/Business	<b>J:</b> USIA Education/Cultural Exchange
<b>B2:</b> Visitor/Medical Treatment	<b>K1:</b> Fiancée/Fiancé
<b>C:</b> Transit	<b>L:</b> Intra-Company Transfer
<b>D:</b> Crewman	<b>M:</b> Vocational/Non-Academic Studies
<b>E1:</b> Treaty Trader	<b>O1-2:</b> Science/Art
<b>E2:</b> Treaty Investor	<b>P1-3:</b> Athletes, Artists, Entertainers
<b>E3-5:</b> Misc. Employment Visas	<b>Q1:</b> INS Int'l Cultural Exchange
<b>F1-4:</b> Family Based/Academic Studies	<b>R:</b> Non-Immigrant Religious
<b>G:</b> Representative to International Organization	<b>SB-1:</b> Returning Resident Alien
<b>H1-B:</b> Temporary Worker - Distinguished Merit/Ability	<b>SD:</b> Immigrant - Religious
<b>H-2A/B:</b> Temporary Worker - General Labor	<b>TN:</b> NAFTA Professionals
<b>H-3:</b> Temporary Worker – Trainee	Other Category: _____