

FOREIGN TRAVEL/RESIDENCE

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 **Type of Coverage:** Term UL Survivor UL

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?

Place of birth: _____ Current Citizenship: _____

Kind of Visa: Permanent (Green Card) Work Student Other (Please specify) _____

Visa expiration date: _____ Current occupation: _____

List the location the proposed insured plans to live or travel.

City	Country	Arrival Date	Departure Date	Purpose	Work Environment

List foreign countries proposed insured has traveled in the past 2 years.

City	Country	Arrival Date	Departure Date	Purpose	Work Environment

Additional Notes:
