Custom Design Proposal

*Required Fields

Agent Information **Email Completed Form to:** agent@americanseniorbenefits.com

*Agent Name: _____ *Agent Phone: _____

*Agent Email: _____

*Client Name: _____ *Client Birth Date: _____

*Gender: ◉ Male ○ Female *Height: _____ *Weight: _____ *State: _____

Desired Product Type: ☐ Index Universal Life ☐ Universal Life ☐ Whole Life ☐ Term Life ☐ Single Premium

***Replacement:** ○ Yes ◉ No Existing Policy Type: _____ Face Amount: _____

Cash Surrender Value: _____ Premium: _____

Goal: ☐ Same Premium, More DB ☐ Extend DB with Same Premium ☐ Same DB, Less Premium ☐ Add LTC Rider

Additional Notes:

***Goal of the Insurance:** ☐ **Death Benefit** ☐ **Cash Accumulation** ☐ **LTC**

If Death Benefit:

*Term Duration: _____ *Death Benefit: _____

*Guaranteed UL - DB Duration Guaranteed (age/years): _____

*Premium Duration: _____

*Consider Non-Guaranteed Options? ○ Yes ◉ No

If Cash Accumulation:

Premium Amount: _____ Premium Duration: _____

Solve for Max Cash Accumulation: _____

Or is there a Death Benefit desired as well? ◉ Yes ○ No

If Yes, Death Benefit Requested: _____

Distributions: Start Year/Age _____ End Year/Age _____

If LTC:

☐ Accelerated Benefits Riders (no upfront charge)

☐ LTC Rider

☐ Hybrid Policy Focused on LTC:

If LTC Rider: How much LTC Monthly Benefit? _____ Inflation Rider? ○ Yes ○ No

How Long (2/4 years)? _____ Return of Premium? ○ Yes ○ No

Death Benefit Acceleration Amount (50%/100%)? _____ Premium Duration: _____

Hybrid Policy: How much Monthly Benefit? _____

Benefit Duration? _____ Death Benefit Amount (if requested): _____

Riders: ☐ Accidental Death Benefit ☐ Waiver of Premium ☐ Return of Premium ☐ No-Lapse Guarantee

Child Rider Units: _____

Present Nicotine Use:

☐ None ☐ Cigarettes–Frequency of Use Per Day: _____

☐ Cigars ☐ Pipe ☐ Dip ☐ Chew ☐ Nicotine Gum ☐ Marijuana ☐ Vape ☐ Other: _____

Quantity Per Month: _____ For Marijuana–What form is used? _____ How Often? _____

Former Tobacco Use: List each type of tobacco, quantity and frequency used, and date of last use:

Payment Option: ☐ Monthly ☐ Quarterly ☐ Semi-Annual ☐ Annual

☐ 1035 ☐ $_____ ☐ Lump Sum $_____

Medical History

Have you ever had, been told you had, or been treated for any of the conditions listed? *Check all that apply:

☐ Alcohol Abuse
☐ Alzheimer's/Dementia/Cognitive Impairment
☐ Asthma
☐ Cancer ☐ Type Stage _____
☐ Cirrhosis
☐ COPD
☐ Coronary Artery or Cerebrovascular Disease
☐ Crohn's Disease
☐ Depression/Anxiety
☐ Diabetes ☐ AIC _____
☐ Drug Abuse
☐ Epilepsy
☐ Heart Murmur/Valve Disease
☐ Hepatitis
☐ Irregular Heartbeat/Palpitations
☐ Kidney Disease
☐ Lupus
☐ Multiple Sclerosis
☐ Peripheral Vascular Disease
☐ Rheumatoid Arthritis
☐ Sleep Apnea
☐ Stroke
☐ Other

*If any box is checked under medical history, please list dates, diagnosis, details, last treatment date, plus names, addresses, and phone numbers of all physicians consulted. (Additional Underwriting Questionnaires Available):

List of Medications:

Other:

Select Health Class:
- ☐ Preferred Best Non-Tobacco
- ☐ Preferred Non-Tobacco
- ☐ Standard Non-Tobacco
- ☐ Preferred Tobacco
- ☐ Standard Tobacco

Additional Case Design Goals:

American Senior Benefits
913-815-1008 ext. 2
life@asb.insure
www.americanseniorbenefits.com