

# 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:

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