



LIFE INSURANCE PROPOSAL REQUEST

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Economic Planning Health Corp. (631)345-2300 /Fax (631)205-1501

Client Mailing Address:

Fax #: _____ Phone #: _____

Email address: _____

1) Name: _____

2) Gender: F M Date of Birth: _____

Non-tobacco Cigarette Smoker Cigars - How often? _____ Chewing Tobacco

Height: _____ Weight _____ State of Residence: _____

Medical History: (IMPORTANT - include date of diagnosis, what kind of treatment and length of treatment, medications -duration and dosage. NOTE - the more details provided, the more an accurate quote will be given)

Family History:

Age if living Age at death Heart Disease? Cancer History?

Father _____ If yes, age of onset _____ If yes, age of onset _____

Mother _____ If yes, age of onset _____ If yes, age of onset _____

Sibling _____ If yes, age of onset _____ If yes, age of onset _____

Have you ever taken an antidepressant medication or received counseling for any reason?
Yes or No

Please provide details:

Do you participate in any hazardous activities such as flying, scuba diving, sky diving?

Yes or No

Please provide details:

Do you have any significant citations on their driving record?

If yes, provide details:

2) Client's Name: _____ Sex: F M Date of Birth: _____

Non-tobacco Cigarette Smoker Cigars - How often? _____ Chewing Tobacco

Height: _____ Weight _____ State of Residence: _____

Medical History: (IMPORTANT - include date of diagnosis, what kind of treatment and length of treatment, medications -duration and dosage. NOTE - the more details provided, the more an accurate quote will be given)

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Sibling _____ If yes, age of onset _____ If yes, age of onset _____

Has your client ever taken an antidepressant medication or received counseling for any reason? Yes or No

Please provide details:

Does your client participate in any hazardous activities such as flying, scuba diving, sky diving?

Yes or No

Please provide details:

Does your client have any significant citations on their driving record?

If yes, provide details:

For Client 1: Death Benefit Amt: _____

For Client 2: Death Benefit Amt: _____

Plan:

TERM 10yr 15yr 20yr 30yr

WHOLE LIFE Full Pay Limited Pay Solve for Premium _____

1035 Exchange \$_____ w/1035 Pay Premium 1st year

UNIV LIFE Full Pay Limited Pay Solve for Premium _____

1035 Exchange \$_____ w/1035 Pay Premium 1st year

IUL LIFE Full Pay Limited Pay Solve for Premium _____

1035 Exchange \$_____ w/1035 Pay Premium 1st year

Vaiiable LIFE Full Pay Limited Pay Solve for Premium _____

1035 Exchange \$_____ w/1035 Pay Premium 1st year