



Client Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**Thank you for applying to protect your family with term life insurance.**

Please initial each item to indicate your understanding and acknowledgment of the information shown below:

\_\_\_\_\_ I understand that life insurance is essential to a sound financial foundation. Protecting my family is of the utmost importance to me and that begins with being properly insured.

\_\_\_\_\_ I am applying for coverage with the company in the face amount of \$\_\_\_\_\_ (primary), \$\_\_\_\_\_ (spouse) and \$\_\_\_\_\_ (child rider). If I authorized payment by electronic fund transfer, the estimated initial premium will be withdrawn from the bank account I have indicated in my application as soon as the application is submitted. The estimated amount of the withdrawal will be \$\_\_\_\_\_. If a policy is issued, subsequent debits will be made on the \_\_\_\_\_ of each month.

\_\_\_\_\_ I understand that the company uses medical history, prescription drug history reports, the MIB (Medical Information Bureau) reports and other reports to obtain health information and assess risk as is more fully described in the HIPPA authorization in my application.

\_\_\_\_\_ I understand that I may be required to complete a tele-underwriting interview, which will consist of a phone interview asking health questions.

\_\_\_\_\_ I understand that if my paramed appointment has not already been scheduled, I may be contacted by a paramedical examination company in the next 7-10 days to schedule my appointment to complete required medical tests. I will also be contacted again within 24 hours of my appointment to confirm, provide directions and receive any special instructions from the examiner.

\_\_\_\_\_ I understand that the length of time for a policy to be issued can be up to six weeks. The time can either be increased or decreased based on how quickly the company can acquire the necessary information to complete the underwriting process and make an informed decision. If medical records are required, I understand that contacting my physician for faster results may be necessary.

\_\_\_\_\_ I understand that I may be called by my Primerica representative's office if help is needed in processing my application.

Your cooperation will help ensure that your family is protected.  
Completion of this form is not necessary to apply for coverage through Primerica.

Primary Signature \_\_\_\_\_ Name \_\_\_\_\_

Spouse Signature \_\_\_\_\_ Name \_\_\_\_\_

Rep. Signature \_\_\_\_\_ Rep. Solution Number \_\_\_\_\_

Term life insurance coverage through Primerica is underwritten by the following companies: National Benefit Life Insurance Company, Home Office: Long Island City, New York, in New York State; Primerica Life Insurance Company, Executive Office: Duluth, Georgia, in all other U.S. jurisdictions.