

RYAN INSURANCE STRATEGY CONSULTANTS

Request for Life Insurance Proposal

Please refer to the signature line in the email of the person that you received this from for a link and instructions on how to send the completed form securely.

For questions call 800-796-0909

General Information:

Your Name _____ Date _____
Your Phone _____ Your Email _____
Your Advisor's Name _____ Advisor Phone/Email: _____
Benefit Amount _____ Length of Term or Permanent _____
Do you have current coverage? Yes ___ No ___ If yes, how much and will it be replaced? _____

Personal Profile:

Male ___ Female ___ State of Residence _____ Date of Birth _____
U.S. Citizen? Yes ___ No ___ If no: Status/Visa type _____
Height _____ Weight _____ Weight 1 year ago _____ Reason for change _____
Occupation _____ Annual Income _____
Have you had any traffic violations (including DUI) in the past 5 years? If so, type and number of infraction?

Do you engage in any of the following: Pilot, scuba diving, rock climbing or hang gliding? If so, which activity, and how often?

Have you traveled outside of the United States in the past 5 years or do you have plans to travel outside of the United States in the next 2 years? Yes ___ No ___? If yes, please provide location, duration and reason for trip _____

Health Profile:

In the last 5 years,

- 1) Used tobacco or nicotine products? If yes, date of last use _____ Type _____
- 2) Taken any prescription medication? Yes ___ No ___ If yes, list name and dosage of medication, how long you've been taking the medication, condition/diagnosis, and any changes to dosage in last 12 months _____

- 3) History of anxiety, depression, or psychological counseling? If yes, describe treatment, date of diagnosis, date of last treatment and if treatment is ongoing: _____

- 4) Any hospitalizations or surgeries? Yes ___ No ___ If yes, dates, diagnosis, treatment _____

- 5) As far as you know, are your cholesterol and blood pressure readings within normal ranges? ___ If no, details _____

- 6) Had any surgeries or diagnostic tests been recommended but not yet done? If so, please provide details: _____

If Female, are you currently pregnant? _____ If yes, what is your due date? _____

Have you ever been:

1) Declined or rated for Life insurance? If yes, date and reason _____

2) Been diagnosed with:

Asthma Arthritis Cancer Diabetes Heart Problems or Murmur Stroke Sleep Apnea
Melanoma Muscular or Skeletal Issues Drug or Alcohol Dependency Digestive System Disorders

If yes, provide details of diagnoses and treatment _____

Any other medical treatment/diagnosis/medications in last 5 years not listed above? If so, please provide details: _____

Family Health History:

Has a parent or sibling been diagnosed or died from heart disease, cancer or diabetes? Yes ____ No ____

If yes, please provide the person/people impacted, the condition(s), age at diagnoses, current age or age at death _____

Instructions: Email this using a secured and encrypted ShareFile link.

1. Save the completed form to a file or folder on your computer.
2. Click on the name of the representative below.
3. You will be directed their ShareFile "upload document" page.
4. Drag and drop or click "Browse Files" to upload the RFP to ShareFile from your computer.
5. Click "Upload" in bottom right corner of ShareFile screen and your finished.

Theresa Klewsaat Term Life and Long Term Care Insurance

Jodi Kissner Term Life & Disability Insurance

Rees Hamner Disability & Term Life Insurance

John Ryan Disability, Term Life and Long Term Care Insurance