

# QUICK QUOTE FOR FOREIGN RESIDENCE

**CLIENT:** NAME \_\_\_\_\_ /  M  F / DOB \_\_\_\_\_ AGE \_\_\_\_\_ / HT \_\_\_\_\_ WT \_\_\_\_\_ / STATE \_\_\_\_\_

AMT. REQUESTED \$ \_\_\_\_\_ / MAX. ANNUAL PREMIUM \$ \_\_\_\_\_ / TYPE OF INS.  UL  TERM YRS. LVL \_\_\_\_\_

TOBACCO USE  NO  YES, TYPE \_\_\_\_\_ / REPLACEMENT  YES  NO / CURRENT ANN. PREM. \$ \_\_\_\_\_

LAST LIFE INSURANCE APP. YEAR \_\_\_\_\_ COMPANY \_\_\_\_\_ ACTION \_\_\_\_\_

OCCUPATION \_\_\_\_\_ / MARITAL STATUS  SINGLE  MARRIED  WIDOWED  DIVORCED

FAMILY HISTORY –  
AGE, IF STILL LIVING: FATHER \_\_\_\_\_ MOTHER \_\_\_\_\_ SIBLING 1 \_\_\_\_\_ SIBLING 2 \_\_\_\_\_ SIBLING 3 \_\_\_\_\_

IF ANY DECEASED, PROVIDE RELATION, AGE AND CAUSE OF DEATH \_\_\_\_\_

HAVE ANY OF YOUR FAMILY MEMBERS BEEN DIAGNOSED WITH CANCER, DIABETES OR HEART DISEASE PRIOR TO AGE 60? IF YES, PROVIDE RELATION, ILLNESS AND AGE OF ONSET \_\_\_\_\_

DRIVING RECORD - # OF VIOLATIONS IN PAST 3 YEARS \_\_\_\_\_ / # OF DUI / RECKLESS DRIVING PAST 5 YEARS \_\_\_\_\_

DO YOU EXERCISE 3 OR MORE TIMES PER WEEK?  NO  YES, DETAILS \_\_\_\_\_

DATE OF LAST MEDICAL CHECKUP \_\_\_\_\_ RESULTS \_\_\_\_\_

DATE OF LAST RESTING EKG \_\_\_\_\_ RESULTS \_\_\_\_\_

LAST BLOOD PRESSURE READING (EXAMPLE 140/80) \_\_\_\_\_ / ARE YOU TREATED FOR BLOOD PRESSURE?  NO  YES

LAST TOTAL CHOLESTEROL READING AND HDL READING \_\_\_\_\_ / ARE YOU TREATED FOR CHOLESTEROL?  NO  YES

**AGENT:** NAME \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

**CPS OFFICE ONLY:** ENTER OFFICE NAME/LOCATION \_\_\_\_\_ FAX \_\_\_\_\_

1. SPECIFY CITY & COUNTRY OF CURRENT RESIDENCE:  
\_\_\_\_\_

2. PLEASE SPECIFY THE PURPOSE FOR LIVING ABROAD:  
 WORK  
 GOVERNMENT CONTRACT  
 STUDENT  
 OTHER, PLEASE DETAIL \_\_\_\_\_  
 MISSIONARY WORK;

PROVIDE CITIES WHERE YOU WILL BE WORKING  
\_\_\_\_\_

SPECIFY TYPE OF DUTIES (OFFICE WORK, MEDICAL SERVICES, EDUCATION, OTHER)  
\_\_\_\_\_

3. CURRENT OCCUPATION \_\_\_\_\_

4. SPECIFY DUTIES \_\_\_\_\_

5. DATE OF ARRIVAL \_\_\_\_\_

6. EXPECTED LENGTH OF STAY AND DEPARTURE :  
\_\_\_\_\_

7. ARE YOU EMPLOYED BY A U.S. DIVISION WITH A BRANCH OFFICE IN THE COUNTRY OF CURRENT RESIDENCE?

YES; DETAILS \_\_\_\_\_

NO; DETAILS \_\_\_\_\_

8. DO YOU HAVE A VALID VISA , WORK PERMIT OR GREENCARD?:

DATE DOCUMENT ISSUED \_\_\_\_\_  
DATE OF EXPIRATION \_\_\_\_\_  
NAME OF VISA OR WORK PERMIT \_\_\_\_\_

9. INDICATE THE FOLLOWING TIES TO THE UNITED STATES:

IMMEDIATE FAMILY (PARENTS OR CHILDREN); SPECIFY \_\_\_\_\_  
 PROPERTY (HOME, BUSINESS);SPECIFY \_\_\_\_\_  
 BANK ACCOUNT  
 OTHER \_\_\_\_\_

10. WHAT IS YOUR NATIONALITY / COUNTRY OF BIRTH?  
\_\_\_\_\_

11. WILL YOU RETURN TO THE UNITED STATES? IF YES, PROVIDE DATE OF RETURN:  
\_\_\_\_\_

12. DO YOU / WILL YOU TRAVEL OUTSIDE YOUR CURRENT COUNTRY OF RESIDENCE? IF YES, PLEASE SPECIFY TRAVEL DESTINATIONS, LENGTH OF STAY AND PURPOSE OF TRAVEL:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. PURPOSE OF LIFE INSURANCE  
\_\_\_\_\_  
\_\_\_\_\_