

GE CorporateTermSM
WORKSHEET

When complete, please e-mail along with Census data to
Insurance Solutions Group

Agent Name: _____ Assistant: _____

Address: _____
(Agent / Firm Name) (address)

(City) (State) (Zip)

Telephone: _____ Fax: _____

E-mail: _____

Are you the Agent-of-Record for the Current Coverage? Yes _____ No _____

Agent(s) Split: _____ % _____ %

PROSPECT DATA

Company Name: _____ Industry _____

Class(es) to be Covered: _____ No. of Participants: _____

List All States where Prospect has offices: _____

For Proposal, Basic Insurance Amount or Formula: \$ _____

CURRENT COVERAGE

Insurer Name: _____ Date coverage initiated: _____

Type: Group Term Life? Yes _____ No _____

If not Group Term, what type of coverage? _____

If Group Term Life – **Need:** (1) Total Volume, entire firm: _____ (3) Rate Guarantee: < (Years)

(2) Rate per 1,000 per month: ¢ _____ (4) Copy of Plan Booklet

Current Basic Insurance Amount or Formula: \$ _____

CENSUS (Must be provided via E-mail in Excel or Lotus format)

(1) Name or Identifier Number

(4) Salary

(2) Date of Birth

(5) Coverage Amount

(3) Gender

(6) Occupation