



## INDIVIDUAL PROFILE

*Thank you for taking a few moments to complete this information!*

*We will return a reply or quote promptly.*

*(Please fax back to: 866-324-7567 or email: [quotes@benefitconsultantsinc.com](mailto:quotes@benefitconsultantsinc.com))*

NAME	
ADDRESS	
PHONE/FAX	
EMAIL	
AGE OR DOB	
MARITAL STATUS	

**Please let us know if you would like us to PROVIDE INFORMATION on the following:**

- |  |   |
|--|---|
| <input type="checkbox"/> Annuities<br><input type="checkbox"/> Disability Income Insurance<br><input type="checkbox"/> Financial Planning<br><input type="checkbox"/> Investment Advice<br><input type="checkbox"/> Long-Term Care Insurance<br><input type="checkbox"/> Term Life Insurance | <input type="checkbox"/> Universal Life Insurance<br><input type="checkbox"/> Variable Life Insurance<br><input type="checkbox"/> Other: _____<br><input type="checkbox"/> Other: _____ |
|--|---|

### DETAILED INFORMATION (not required):

<b>LIFE INSURANCE:</b> <ul style="list-style-type: none"> <li>indicate desired benefit amount</li> </ul>	
<ul style="list-style-type: none"> <li>any insurance currently in-force?</li> </ul>	
<ul style="list-style-type: none"> <li>smoker or non-smoker</li> </ul>	
<b>DISABILITY:</b> <ul style="list-style-type: none"> <li>indicate desired monthly benefit</li> <li>indicate your occupation/line of work</li> </ul>	
<ul style="list-style-type: none"> <li>any in-force (group, individual)?</li> </ul>	
<b>LONG-TERM CARE:</b> <ul style="list-style-type: none"> <li>indicate desired monthly benefit</li> </ul>	

### OTHER COMMENTS:

---



---

Return form to:

**Benefit Consultants, Inc.**

116 Village Blvd., Suite 200, Princeton, NJ 08540 and 630 Freedom Business Center, Suite 314, King of Prussia, PA 19406  
 800.666.5961 (toll-free) and 866.324.7567 (fax)

[www.benefitconsultantsinc.com](http://www.benefitconsultantsinc.com) or [info@benefitconsultantsinc.com](mailto:info@benefitconsultantsinc.com)