



# AMS BENEFITS, INC.

*A wholly-owned subsidiary of the Arkansas Medical Society*

## Term Life Insurance Proposal Request

Questions? Please Call

Office: 501-224-8967    Toll Free: 1-800-542-1058    Fax: 501-224-6489

Please either fax your request or e-mail it to [amsbenf@arkmed.org](mailto:amsbenf@arkmed.org)

**Name:** \_\_\_\_\_

**Contact Number:** \_\_\_\_\_

**Tobacco User:**    **Yes:** \_\_\_\_\_ (**Type:** \_\_\_\_\_)    **No:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_    **Gender:** \_\_\_\_\_    **State of Residence:** \_\_\_\_\_

**Any Adverse Health History:** \_\_\_\_\_

**Amount of Coverage:** \_\_\_\_\_

**Please circle the length of Term Insurance you are requesting:**

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