

REQUEST FOR PROPOSAL GROUP TERM LIFE

POLICYHOLDER INFORMATION

Name of Policyholder: _____ Tax ID#: _____

Physical Address: _____
Street City County State Zip Code

Name of Policyholder Contact: _____ Title: _____

Phone: _____ Email: _____

EMERGENCY SERVICE ORGANIZATION (ESO) INFORMATION (If different from Policyholder information)

Name of Covered Emergency Service Organization: _____

Physical Address: _____
Street City County State Zip Code

PRODUCER INFORMATION

Name of Producing Agency: _____

Physical Address: _____
Street City County State Zip Code

Name of Producer: _____ Life Licensed? Yes No

Phone: _____ Fax: _____ Email: _____

ALL INFORMATION BELOW IS REQUIRED

Date this proposal is needed: _____

Is there current coverage in effect? _____ If so, please provide current carrier: _____

Estimated effective date for coverage: _____

Please check the appropriate description of the Organization:

☐ Ambulance ☐ County ☐ Fire Department ☐ Relief Association ☐ Rescue Squad ☐ Other _____

Please provide a roster of all volunteer members; this must include each member's name and date of birth..

Type of Organization:

☐ Volunteer ☐ Career ☐ Combination (Volunteer/Career) *

** If Combination, each member must be designated as either Volunteer or Career on the roster.*

Basic Face Amount including Basic AD&D: \$ _____

Covered Activity AD&D (from 100% to 200%): _____ %

** Accidental Burn and Disfigurement: ☐ Yes ☐ No

** Burial and Cremation Benefit: ☐ Yes ☐ No

** Rehabilitation Benefit: ☐ Yes ☐ No

*** Coverage may not be available in all states.*

Please select Reduction Schedule:

☐ Standard Reduction (50% at age 70)

☐ None

☐ Other (explain) _____

To expedite your proposal, send your roster in Excel format to benefits@vfis.com, using the following as the Subject line in your email: "Request for Proposal – [Name of your ESO]."