



**Sentry Life  
Insurance Company**  
1800 North Point Drive  
Stevens Point WI 54481  
1-800-533-7827

} Referred to as "Sentry"

## SUPPLEMENT TO INDIVIDUAL LIFE INSURANCE APPLICATION

ID# \_\_\_\_\_  
(Enter ID# from submitted Proposal(s).)

### RECEIPT

**READ THIS RECEIPT AND AGREEMENT CAREFULLY!** In this Receipt and Agreement the words we, our, us refer to Sentry as indicated in the Application. The word you refers to the Proposed Insured(s). Only an officer of Sentry may change or waive any of the terms and conditions below. **ALL PREMIUM CHECKS MUST BE MADE PAYABLE TO SENTRY. DO NOT MAKE CHECK PAYABLE TO THE AGENT OR LEAVE THE PAYEE BLANK.**

Receipt: Plan of Insurance \_\_\_\_\_

\$\_\_\_\_\_ for life insurance has been received from \_\_\_\_\_ as payment for Life Insurance on \_\_\_\_\_ with an application(s) having the same date as this Receipt

Dated at \_\_\_\_\_ on \_\_\_\_\_, \_\_\_\_\_  
(Location) (Month/Day) (Year) (Signature of Agent)

### TEMPORARY LIFE INSURANCE AGREEMENT

#### Life Insurance

If at least 1/12 of the annual premium is paid, including all Riders applied for, temporary life insurance subject to the same conditions as the policy applied for, and subject to the conditions and termination provisions below, will take effect on the Effective Date as defined below.

#### Effective Date of Life Insurance

The Effective Date is the latest of the following dates:

- the date the application(s) was/were completed.
- the date you have completed all required medical examinations and test.

#### Accidental Death

If you die from accidental bodily injury, this Temporary Life Insurance Agreement will be considered to have been in effect on the date the application(s) was/were completed.

#### Conditions Where There Is No Coverage

- In completing this application(s), if there is fraud or misrepresentation material to our acceptance of the risk, then no insurance begins under this Agreement. Only a refund of all payments will be made.
- If you die by suicide whether sane or insane, only a refund of all payments will be made.
- No insurance begins under this Agreement if no payment is received by us, or if the check or any other form of payment cannot be collected.

#### Amount of Temporary Life Insurance

Under this Agreement, the death benefit will be the amount of life insurance applied for on the Proposed Insured(s), up to \$500,000. This \$500,000 limitation includes all life insurance presently in force or applied for under another application with Sentry Life Insurance. The Accidental Death Benefit, Disability Waiver Benefit, Payor Benefit or Guaranteed Insurability Benefit will not be part of this agreement.

#### Termination of Life Insurance

This temporary life insurance will terminate on the **earliest** of the following dates:

- the date we approve the application(s) without modification;
- the date we offer a policy other than as applied for;
- the date we decline the application(s);
- the date the application(s) is/are voluntarily withdrawn by the Owner(s) or Proposed Insured(s);
- 60 days from the date of this Receipt

If the application(s) is/are declined, or this agreement(s) does not become effective, our only obligation will be to refund the premium paid.

#### Acknowledgement

I have received and read this Receipt and Agreement. I understand their terms, limits and provisions.

\_\_\_\_\_  
Signature of Proposed Insured(s)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Owner(s)  
(if other than Proposed Insured)

\_\_\_\_\_  
Date

**SENTRY LIFE INSURANCE COMPANY**

1800 North Point Drive  
Stevens Point, WI 54481-8028  
1-800-533-7827

**ELECTRONIC FUNDS TRANSFER AUTHORIZATION**

(1) Policy Owner Name: _____	(2) Policy Owner Name: _____
(1) Name: _____ (Proposed Insured or Insured)	(2) Name: _____ (Proposed Insured or Insured)
(1) Policy Number: _____ (Leave blank if policy number not assigned.)	(2) Policy Number: _____ (Leave blank if policy number not assigned.)

**Authorization:** Sentry Life Insurance Company (herein referenced as "Sentry") will draft the checking or savings account designated on this form for subsequent premium payments only (unless initial premium payment is authorized by checking the box below) once the policy has been approved for issue, subject to the terms below.

☐ **Initial premium down payment** is authorized for Sentry to withdraw (not to exceed) \$\_\_\_\_\_ from my account listed below.

☐ **Ongoing premium payment** is authorized for Sentry to withdraw funds from my checking or savings account for the subsequent premium payments subject to the terms of the life insurance policy and/or the annuity contract.

I understand and agree that this authorization is subject to the following conditions:

- This authorization will remain in effect until it is revoked by me or Sentry. I can terminate this authorization in writing at least 5 business days before the monthly withdrawal date or within 3 business days by calling Policy Owner Services at 800-533-7827, Option 1.
- If you are a proposed insured signing, this authorization does not mean that coverage is in effect. Coverage is effective only as stated in the application or Temporary Insurance Agreement, if issued.
- Payment notices will be delivered with new policies. If the deduction amount changes for any reason, Sentry will notify me 30 days prior to the revised deduction withdrawal. Payments including premiums and/or loan repayments are not considered paid when they are not honored by your financial institution. If my account has insufficient funds on the date of the automatic payment deduction, Sentry may attempt a second deduction within three days. Any charges for the initial non-payment or second non-payment will be paid by me. If the funds are not available at the second attempt, my account will be removed from this payment option and direct billed.
- Sentry will incur no liability if my account has insufficient funds for a payment by automatic deduction. I am responsible for applicable fees from financial institutions related to these transactions.
- The amount due for loan repayments may be added to the amount authorized for premium payments by signing this form and by selecting the Preauthorization on the Loan Repayment Form.

**BANK ACCOUNT INFORMATION**

<b>Name of Financial Institution:</b> _____		<b>Address of Financial Institution:</b> _____	
<b>Bank Account type (choose one):</b> <input type="checkbox"/> Checking <input type="checkbox"/> Savings		<b>Type of Account (choose one):</b> <input type="checkbox"/> Individual <input type="checkbox"/> Business	
<b>Payer Name as it appears on the account:</b> _____			
<b>Bank Routing Number:</b> _____		<b>Bank Account Number:</b> _____	
<div style="border: 1px solid black; padding: 5px;"><div style="display: flex; justify-content: space-between;"><span>Memo: _____</span><span>Signed By: _____</span></div><div style="display: flex; justify-content: space-around; margin-top: 5px;"><span>1 2 3 4 5 6 7 8 9 0</span><span>1 2 3 4 5 6 7 8 9 0</span><span>1 2 3 4 5 6 7 8 9 0</span></div></div>			
<div style="border: 1px solid black; padding: 2px;">Bank Routing Number</div>	<div style="border: 1px solid black; padding: 2px;">Bank Account Number</div>	<div style="border: 1px solid black; padding: 2px;">Check Number (if shown at bottom, may be shown before or after the account #)</div>	

*I represent that I am either an owner of, or an authorized signer on, the above referenced bank account.*

**Payer Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

ICC15-390-9002



ICC15-390-9002

DOC SCAN



**Sentry Life  
Insurance Company**

1800 North Point Drive  
Stevens Point WI 54481  
1-800-533-7827



Referred to as "Sentry"

## **SUPPLEMENT TO INDIVIDUAL LIFE INSURANCE APPLICATION**

**ID#** \_\_\_\_\_  
(Enter ID# from submitted Proposal(s).)

### **IMPORTANT NOTICE, KEEP FOR YOUR RECORDS**

**Important Notice from Sentry.** We believe you should know exactly what you're getting when you purchase a life insurance policy, and what happens while your application(s) is/are being processed. So, we've written your policy and consumer information notices in easy-to-understand language with no legal jargon or fine print. We feel greater understanding of your rights and our obligations will improve our ability to serve you.

**Information about you helps us evaluate your application.** Like you, we are concerned about your privacy. But, we must have certain information about you to fairly evaluate your life insurance application(s). We need to look at the accuracy of information on the application(s), at your life insurance needs, and at your exposure to various risks in order to determine a fair price for your insurance protection. Otherwise, people with fewer risks would have to pay the same rate as people with higher risks.

**We may consult various sources.** These include:

- statements you make on the application(s);
- results of your physical examination and/or medical studies (if required);
- reports we receive from doctors or medical facilities; consumer reports;
- the Medical Information Bureau.

The consumer report may be obtained through personal interviews with your neighbors, friends, employers, or others you know. It includes information regarding your character, general reputation, personal characteristics and lifestyle. If you make a written request, we will mail to you a complete and accurate account of the nature and scope of any investigation we have requested, within five days after we receive your written request. You should understand that information contained in a report prepared for us by an outside agency may be kept by the agency and disclosed to others. You may receive and inspect any such report directly from the consumer reporting agency. You may also contact the Federal Trade Commission for a written summary of consumer rights prepared pursuant to section 609(c) of the Fair Credit Reporting Act.

**Information about you will be treated as confidential.** Disclosures will be made to other insurance companies to whom you apply for life or health insurance, or to whom a claim for benefits may be submitted, or to our reinsurers, but only upon your authorization. Disclosures will be made without your authorization only when required by law. Information for consumers about MIB may be obtained on its website at [www.mib.com](http://www.mib.com).

Information regarding your insurability will be treated as confidential. Sentry, or its reinsurers may, however, make a brief report thereon to the MIB, Inc., formerly known as Medical Information Bureau, a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its members. If you apply to another MIB member company for life or health insurance coverage, or a claim for benefits is submitted to such company, MIB upon request, will supply such company with the information about you in its file.

**You have access to your records.** Upon receipt of a request from you, MIB will arrange disclosure of any information it may have in your file. Please contact MIB at 866-692-6901 (TTY 866-346-3642). If you question the accuracy of information in the MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the Federal Fair Credit Reporting Act. The address of the MIB's information office is 50 Braintree Hill Park, Suite 400, Braintree, Massachusetts 02184-8734.

You may obtain the nature of any personal information Sentry maintains concerning you, and, if necessary, seek a correction by writing or calling Corporate Relations, Sentry Life Insurance Company, 1800 North Point Drive, Stevens Point, WI 54481, (715) 346-6225, you will be sent an inquiry form to be completed and returned to us.



### Authorization for Individual Life Insurance Application

Name: Last, First, Middle	Maiden or Other Name
Address	Date of Birth

**I HEREBY REQUEST AND AUTHORIZE** \_\_\_\_\_, or, if no specific provider is named, then any licensed physician, medical practitioner, hospital, clinic, other health facility, pharmacy, or pharmacy benefit manager involved in my care, and any insurance or reinsurance company, or employer to release medical records about me or my minor children (only if childrens' coverage is applied for) to Sentry Life Insurance Company, its reinsurers, its legal representatives, or to Sentry's agent.

#### CONDITIONS

1. Medical and nonmedical data and records means all data in possession of or derived from providers of health care regarding the medical history, mental or physical condition, or treatment of me or my minor children; including but not limited to information regarding diagnosis, prognosis, and treatment for: physical, psychological, psychiatric, and emotional illness; treatment of alcohol or drug abuse; communicable or venereal disease; Hepatitis A, B, and C; sickle cell anemia; and pharmaceutical medical information. This also includes treatment of Human Immunodeficiency Virus (HIV) infection.
2. I agree that this authorization will expire twenty-four (24) months from the date shown below and that a photographic or faxed copy of this form will be as valid as the original.
3. I know that I may request a copy of this authorization.
4. I understand Sentry Life Insurance Company will use the data obtained by this authorization to determine eligibility for insurance. Sentry will not release any data obtained to any person or organization except to reinsurance companies or the Medical Information Bureau, Inc., or as required by law, or as I may further authorize. Data obtained from sources other than the Medical Information Bureau, Inc., may also be released to other persons or organizations performing business or legal services in connection with my application or claim.
5. I understand I may revoke this authorization at any time by written request to Sentry Life Insurance Company, 1800 North Point Drive, Stevens Point, Wisconsin 54481. Said request must be executed by the person who signs below. I understand that revocation of my authorization will have no effect on actions Sentry and its agents have already taken in reliance on the authorization before revocation.
6. I understand my medical records and information which is Protected Health Information governed by the Health Insurance Portability and Accountability Act, once disclosed to others, may be redisclosed by the recipients and is no longer protected by that Act or the underlying privacy regulations.
7. The proposed insured or authorized representative of the proposed insured must sign this authorization. I understand if I do not sign this authorization, Sentry may refuse to insure me.
8. To my knowledge, this authorization does not contain false information.

\_\_\_\_\_  
Signature of Proposed Insured or Person  
Authorized to Consent

\_\_\_\_\_  
Relationship (if not Proposed Insured)

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Witness

ICC12-340-1610



ICC12-340-1610

DOC SCAN

# Life Insurance Buyer's Guide

Prepared by the

**National Association of Insurance Commissioners**

The National Association of Insurance Commissioners is an association of state insurance regulatory officials. This association helps the various insurance departments to coordinate insurance laws for the benefit of all consumers.

This guide does not endorse any company or policy.

**Reprinted by Sentry Life Insurance Company  
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**This guide can help you when you shop for life insurance.  
It discusses how to:**

- Find a Policy That Meets Your Needs and Fits Your Budget
- Decide How Much Insurance You Need
- Make Informed Decisions When You Buy a Policy

## **Important Things to Consider**

- 1 Review your own insurance needs and circumstances. Choose the kind of policy that has benefits that most closely fit your needs. Ask an agent or company to help you.
- 2 Be sure that you can handle premium payments. Can you afford the initial premium? If the premium increases later and you still need insurance, can you still afford it?
- 3 Don't sign an insurance application until you review it carefully to be sure all the answers are complete and accurate.
- 4 Don't buy life insurance unless you intend to stick with your plan. It may be very costly if you quit during the early years of the policy.
- 5 Don't drop one policy and buy another without a thorough study of the new policy and the one you have now. Replacing your insurance **may be costly**.
- 6 Read your policy carefully. Ask your agent or company about anything that is not clear to you.
- 7 Review your life insurance program with your agent or company every few years to keep up with changes in your income and your needs.

## **Buying Life Insurance**

When you buy life insurance, you want coverage that fits your needs.

First, decide how much you need - and for how long - and what you can afford to pay. Keep in mind the major reason you buy life insurance is to cover the financial effects of unexpected or untimely death. Life insurance also can be one of many ways you plan for the future.

Next, learn what kinds of policies will meet your needs and pick the one that best suits you.

Then, choose the combination of policy premium and benefits that emphasizes protection in case of early death, or benefits in case of long life, or a combination of both.

It makes good sense to ask a life insurance agent or company to help you. An agent can help you review your insurance needs and give you information about the available policies. If one kind of policy doesn't seem to fit your needs, ask about others.

This guide provides only basic information. You can get more facts from a life insurance agent or company or from your public library.

## **What About the Policy You Have Now?**

If you are thinking about dropping a life insurance policy, here are some things you should consider:

- If you decide to replace your policy, don't cancel your old policy until you have received the new one. You then have a minimum period to review your new policy and decide if it is what you wanted.

- It may be costly to replace a policy. Much of what you paid in the early years of the policy you have now, paid for the company's cost of selling and issuing the policy. You may pay this type of cost again if you buy a new policy.
- Ask your tax advisor if dropping your policy could affect your income taxes.
- If you are older or your health has changed, premiums for the new policy will often be higher. You will not be able to buy a new policy if you are not insurable.
- You may have valuable rights and benefits in the policy you now have that are not in the new one.
- If the policy you have now no longer meets your needs, you may not have to replace it. You might be able to change your policy or add to it to get the coverage or benefits you now want.
- At least in the beginning, a policy may pay no benefits for some causes of death covered in the policy you have now.

In all cases, if you are thinking of buying a new policy, check with the agent or company that issued you the one you have now. When you bought your old policy, you may have seen an illustration of the benefits of your policy. Before replacing your policy, ask your agent or company for an updated illustration. Check to see how the policy has performed and what you might expect in the future, based on the amounts the company is paying now.

## How Much Do You Need?

Here are some questions to ask yourself:

- How much of the family income do I provide? If I were to die early, how would my survivors, especially my children, get by? Does anyone else depend on me financially, such as a parent, grandparent, brother or sister?
- Do I have children for whom I'd like to set aside money to finish their education in the event of my death?
- How will my family pay final expenses and repay debts after my death?
- Do I have family members or organizations to whom I would like to leave money?
- Will there be estate taxes to pay after my death?
- How will inflation affect future needs?

As you figure out what you have to meet these needs, count the life insurance you have now, including any group insurance where you work or veteran's insurance. Don't forget Social Security and pension plan survivor's benefits. Add other assets you have: savings, investments, real estate and personal property. Which assets would your family sell or cash in to pay expenses after your death?

## What is the Right Kind of Life Insurance?

All policies are not the same. Some give coverage for your lifetime and others cover you for a specific number of years. Some build up **cash values** and others do not. Some policies combine different kinds of insurance, and others let you change from one kind of insurance to another. Some policies may offer other benefits while you are still living. Your choice should be based on your needs and what you can afford.

There are two basic types of life insurance: **term insurance** and **cash value insurance**. Term insurance generally has lower premiums in the early years, but does not build up cash values that you can use in the future. You may combine cash value life insurance with term insurance for the period of your greatest need for life insurance to replace income.

**Term Insurance** covers you for a term of one or more years. It pays a death benefit only if you die in that term. Term insurance generally offers the largest insurance protection for your premium dollar. It generally does not build up cash value.

You can renew most term insurance policies for one or more terms even if your health has changed. Each time you renew the policy for a new term, premiums may be higher. Ask what the premiums will be if you continue to renew the policy. Also ask if you will lose the right to renew the policy at some age. For a higher premium, some companies will give you the right to keep the policy in force for a guaranteed period at the same price each year. At the end of that time you may need to pass a physical examination to continue coverage, and premiums may increase.

You may be able to trade many term insurance policies for a cash value policy during a conversion period - even if you are not in good health. Premiums for the new policy will be higher than you have been paying for the term insurance.

**Cash Value Life Insurance** is a type of insurance where the premiums charged are higher at the beginning than they would be for the same amount of term insurance. The part of the premium that is not used for the cost of insurance is invested by the company and builds up a cash value that may be used in a variety of ways. You may borrow against a policy's cash value by taking a policy loan. If you don't pay back the loan and the interest on it, the amount you owe will be subtracted from the benefits when you die, or from the cash value if you stop paying premiums and take out the remaining cash value. You can also use your cash value to keep insurance protection for a limited time or to buy a reduced amount without having to pay more premiums. You also can use the cash value to increase your income in retirement or to help pay for needs such as a child's tuition without canceling the policy. However, to build up this cash value, you must pay higher premiums in the earlier years of the policy. Cash value life insurance may be one of several types; whole life, universal life and variable life are all types of cash value insurance.

**Whole Life Insurance** covers you for as long as you live if your premiums are paid. You generally pay the same amount in premiums for as long as you live. When you first take out the policy, premiums can be several times higher than you would pay initially for the same amount of term insurance. But they are smaller than the premiums you would eventually pay if you were to keep renewing a term policy until your later years.

Some whole life policies let you pay premiums for a shorter period such as 20 years, or until age 65. Premiums for these policies are higher since the premium payments are made during a shorter period.

**Universal Life Insurance** is a kind of flexible policy that lets you vary your premium payments. You can also adjust the face amount of your coverage. Increases may require proof that you qualify for the new death benefit. The premiums you pay (less expense charges) go into a policy account that earns interest. Charges are deducted from the account. If your yearly premium payment plus the interest your account earns is less than the charges, your account value will become lower. If it keeps dropping, eventually your coverage will end. To prevent that, you may need to start making premium payments, or increase your premium payments, or lower your death benefits. Even if there is enough in your account to pay the premiums, continuing to pay premiums yourself means that you build up more cash value.



**Variable Life Insurance** is a kind of insurance where the death benefits and cash values depend on the investment performance of one or more separate accounts, which may be invested in mutual funds or other investments allowed under the policy. Be sure to get the prospectus from the company when buying this kind of policy and **STUDY IT CAREFULLY**. You will have higher death benefits and cash value if the underlying investments do well. Your benefits and cash value will be lower or may disappear if the investments you chose didn't do as well as you expected. You may pay an extra premium for a guaranteed death benefit.

## Life Insurance Illustrations

You may be thinking of buying a policy where cash values, death benefits, dividends or premiums may vary based on events or situations the company does not guarantee (such as interest rates). If so, you may get an illustration from the agent or company that helps explain how the policy works. The illustration will show how the benefits that are not guaranteed will change as interest rates and other factors change. The illustration will show you what the company guarantees. It will also show you what *could* happen in the future. Remember that nobody knows what will happen in the future. You should be ready to adjust your financial plans if the cash value doesn't increase as quickly as shown in the illustration. You will be asked to sign a statement that says you understand that some of the numbers in the illustration are not guaranteed.

## Finding a Good Value in Life Insurance

After you have decided which kind of life insurance is best for you, compare similar policies from different companies to find which one is likely to give you the best value for your money. A simple comparison of the premiums is not enough. There are other things to consider. For example:

- Do premiums or benefits vary from year to year?
- How much do the benefits build up in the policy?
- What part of the premiums or benefits is not guaranteed?
- What is the effect of interest on money paid and received at different times on the policy?

Remember that no one company offers the lowest cost at all ages for all kinds and amounts of insurance. You should also consider other factors:

- How quickly does the cash value grow? Some policies have low cash values in the early years that build quickly later on. Other policies have a more level cash value build-up. A year-by-year display of values and benefits can be very helpful. (The agent or company will give you a policy summary or an illustration that will show benefits and premiums for selected years.)
- Are there special policy features that particularly suit your needs?
- How are nonguaranteed values calculated? For example, interest rates are important in determining policy returns. In some companies increases reflect the average interest earnings on all of that company's policies regardless of when issued. In others, the return for policies issued in a recent year, or a group of years, reflects the interest earnings on that group of policies; in this case, amounts paid are likely to change more rapidly when interest rates change.

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Sentry Life Insurance Company  
1800 N Point Dr  
P.O. Box 8028  
Stevens Point, WI 54481  
(800) 533-7827

# Sentry Life Insurance Company

## Commit to Quit Term Life

### Drop Ticket Request Form



**Agent Name:** \_\_\_\_\_ **Sentry Code:** \_\_\_\_\_

If not appointed in the policy owner's state of residence, please submit an Appointment Packet to Sentry Life Insurance Company.

#### Proposed Insured Information

First Name		Middle Initial	Last Name, Suffix
Date of Birth	Age	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	Will an interpreter be needed for the tele-application interviewer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address Line 1			Forms signed and attached: (additional forms may be needed) <input type="checkbox"/> Medical Authorization (HIPAA authorization) <input type="checkbox"/> Replacement Forms (if replacing or state requirement) <input type="checkbox"/> Electronic Funds Transfer Authorization <input type="checkbox"/> Accelerated Death Benefit Disclosure Form
City	State	Zip	
Daytime Phone		Evening Phone	
Owner Name: (if not the proposed insured)			
Owner Street Address, City, State		Owner Phone Number	
Email Address		Please check the Sentry Life Field Underwriting Guide for risk class criteria and build chart. (Quoted) Rate Class <input type="checkbox"/> Preferred <input type="checkbox"/> Standard <input type="checkbox"/> Table ( <input type="checkbox"/> B, <input type="checkbox"/> C, <input type="checkbox"/> D)	
Best time to call M – F 8:30 AM to 8:00 PM Eastern Time Zone		<input type="checkbox"/> AM <input type="checkbox"/> PM Time Range _____	Call instructions:

#### Policy Information

Commit to Quit Term Life Level Premium Period <input type="checkbox"/> 15 years <input type="checkbox"/> 20 years <input type="checkbox"/> 30 years		Face Amount (min. \$100,000) _____	Monthly Electronic Funds Transfer (EFT) Authorization is required for Monthly EFT. Payment Mode: <input type="checkbox"/> Monthly EFT <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual
Waiver of Premium <input type="checkbox"/> Yes <input type="checkbox"/> No	Child Term Rider units _____ 1 unit = \$1,500 death benefit (max 20 units); 1 unit per \$10,000 face amount is allowed	Accidental Death Benefit Rider (up to Face Amount) \$ _____ (\$25,000 to \$300,000)	

#### Quoting Information

	Yes	No		Yes	No
1. Does the proposed insured have individual life insurance and/or annuities in force? If Yes complete 2 regarding replacement.	<input type="checkbox"/>	<input type="checkbox"/>	2. Will this insurance replace or change insurance with this company or any other company? <input type="checkbox"/> Sentry Policy <input type="checkbox"/> Other Policy	<input type="checkbox"/>	<input type="checkbox"/>
3. Is the proposed insured active military? If yes submit the Military Disclosure.	<input type="checkbox"/>	<input type="checkbox"/>			

#### If Questions below are answered yes do not submit the application

4. Is the proposed insured currently in foreclosure, bankruptcy or have a repossession pending?	<input type="checkbox"/>	<input type="checkbox"/>	5. Is the proposed insured currently on probation or were they incarcerated within the past 5 years?	<input type="checkbox"/>	<input type="checkbox"/>
6. Is the proposed insured a diabetic taking insulin?	<input type="checkbox"/>	<input type="checkbox"/>	7. Has the proposed insured had a heart attack or stroke in the past 5 years?	<input type="checkbox"/>	<input type="checkbox"/>
8. Does the proposed insured have a history of alcohol or substance abuse treatment in the past 10 years?	<input type="checkbox"/>	<input type="checkbox"/>	9. Has the proposed insured been told they have COPD, emphysema or are they on oxygen some time during the day or night?	<input type="checkbox"/>	<input type="checkbox"/>
10. Has the proposed insured had 2 or more DUI's in the past 7 years?	<input type="checkbox"/>	<input type="checkbox"/>	11. Has the proposed insured had cancer of an internal organ, or had melanoma which required chemotherapy or radiation therapy?	<input type="checkbox"/>	<input type="checkbox"/>

## Temporary Insurance and Down Payment

In the past 90 days has the proposed insured been admitted, or medically advised by a member of the medical profession to be admitted to a health care facility, had surgery performed or recommended, or been advised by a medical professional to have a diagnostic test that was not completed? ☐ Yes ☐ No (**Do not collect premium if yes**)

Temporary Insurance is available for policies up to \$500,000.

Was premium collected for this policy? ☐ Yes ☐ No, If yes, Amount collected \$ \_\_\_\_\_

**For checks submitted to Home Office, please put "NB Sentry Life" in the memo line. Use only the Life New Business return address envelopes (45-74L (12/11)) provided by Sentry Life Insurance Company to assure the money is applied correctly.**

## Agent Report

How long have you known the proposed insured? \_\_\_\_\_

Are you related? ☐ Yes ☐ No

If yes, describe: \_\_\_\_\_

Did you personally see the proposed insured? ☐ Yes ☐ No

## Agent Signature to the Application

I hereby authorize Sentry Life Insurance Company to affix my electronic signature to the life application, including all related forms, submitted by the proposed insured for this product. I will immediately notify Sentry Life Insurance Company should this authorization for use of my signature or any prior signature authorization be terminated or revoked in any jurisdiction.

Please Print Agent Name \_\_\_\_\_

\_\_\_\_\_  
Signature of Agent

\_\_\_\_\_  
Date Signed

Sentry Code (if appointed) \_\_\_\_\_

This Drop Ticket Request Form is not an application for life insurance. Signing or completing this form may not create or commence life insurance coverage. Signing or completing this form begins the application process and no permanent coverage is in force.

## National Association of Insurance Marketers (NAIM) Member

NAIM Member \_\_\_\_\_

NAIM Member Sentry Code \_\_\_\_\_

Is this agent appointed with Sentry Life Insurance Company in this state? (policy owner's state of residence) ☐ Yes ☐ No

If no, please submit an Appointment Packet and licenses for this agent **with this Drop Ticket Request Form**.

### Agent Hierarchy

List Sub-Agent(s) or Agency names under the NAIM Member

Sub 1 \_\_\_\_\_ Sentry Code \_\_\_\_\_

Sub 2 \_\_\_\_\_ Sentry Code \_\_\_\_\_

Sub 3 \_\_\_\_\_ Sentry Code \_\_\_\_\_

Agent \_\_\_\_\_ Sentry Code \_\_\_\_\_

## Case Manager Information

Case Manager Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Case Manager Email Address \_\_\_\_\_

Address: Company Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

*Individual life insurance, group and individual annuities and group products are issued and administered by Sentry Life Insurance Company, Stevens Point, WI. Policies, coverages, benefits and discounts are not available in New York and in select other states. See policy for complete coverage details.*

Proposed Insured Name \_\_\_\_\_  
Owner Name (If not Insured) \_\_\_\_\_  
Proposal Number \_\_\_\_\_



## **You've made a wise decision. What's next?**

**We are committed to making the process as easy as possible.**

### **Steps to Complete Your Tele-Application:**

**1) Sentry Life's external call center will contact you to complete your application.**

**You may also call (SBIA) 888-517-4165 Mon. – Fri. 8:30 am to 8:00 pm, EST.**

This conversation usually takes 30 – 45 minutes depending on your health history. To expedite the process, please have the following information available:

- Proposed Insured's Date of Birth and Social Security Number along with the Policy Owner's Social Security Number if other than the Proposed Insured.
- List of life insurance policies in force, carrier, face amount, policy number (group coverage is not needed)
- Beneficiaries' Date of Birth and Social Security Number will be provided by the policy owner
- Names, addresses and phone numbers of the Proposed Insured's physicians
- Current and past medical treatments, including dates
- Current and past medications and dosage
- Additional information including employment status, net worth, tobacco and alcohol usage, credit history, driving record, participation in recreational hazardous sports and other questions pertaining to insurability

**2) To get the underwriting process started, you will be asked for a Voice Signature during the tele-application process.**

What is Voice Signature? Your voice is unique and identifiable, and with your authorization may serve as your signature.

If you wish to use a written signature, you may do so. (Voice signature is not available in the states of Connecticut or Kentucky.)

**3) Next, you will be asked to authorize MIB.** MIB Group, Inc. is an insurance company-owned corporation that has operated on a not-for-profit basis in the United States and Canada since 1902. MIB's Underwriting services are used exclusively by MIB's member life and health insurance companies to assess an individual's risk and eligibility during the underwriting of life insurance policies.

**4) When required, you will schedule a paramedical exam during the tele-application process.** For your convenience, a qualified paramedical professional will visit you at home or work to complete a paramedical exam. At this appointment, the paramedical professional will take measurements of your height and weight, blood pressure and pulse, as well as collect blood and urine specimens. If needed by age and amount of insurance, an EKG will be taken. You must fast for at least 8 hours prior to your appointment. The examiner will call the day before to confirm your appointment. You must talk to them to confirm the appointment time and place, so it's important to call them back if they leave a message.

**5) Our underwriting team will evaluate your application.** Once we have received all of the necessary information, our underwriting team will evaluate your application.

**6) Your representative will deliver your policy.** After the policy is issued, your representative will deliver your policy to you. Based on the medical and non-medical information collected, your policy may be issued at a lower or higher rate than originally quoted. Under certain circumstances, we may not be able to issue the insurance policy requested.

**If you have any questions regarding the process or the insurance applied for, please contact your sales representative.**

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