

Decline fillable form

Client Name:

Advisor Name:

Client Personal Information

DOB:

mm/dd/yyyy

Height:

Weight:

Citizenship:

Smoking Status:

List all medical conditions which the client has had treatment for or consulted a physician for including diagnosis dates:

Include any current medications:

Current blood pressure reading required if high blood pressure or blood sugar reading if diabetic

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Last visit to the doctor? Any follow-up required other than routine?

Reason for decline if different than above

Are interested in:

- Term Life
- Permanent Life
- CI
- ADD
- All the above

Comments:

For more information, please contact sales@slinsurance.ca