



Oberlin Marketing

Supporting the direction of your business

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Agent _____ Email _____	Date _____ State _____ Phone () _____ Fax () _____
Client _____ <input type="checkbox"/> M <input type="checkbox"/> F DOB _____ <input type="checkbox"/> Non-tobacco <input type="checkbox"/> Never <input type="checkbox"/> Quit _____ <input type="checkbox"/> Tobacco <input type="checkbox"/> Cigarettes <input type="checkbox"/> Cigar <input type="checkbox"/> Pipe <input type="checkbox"/> Chew State _____ Zip _____ County _____ Occupation _____ Health History/Meds _____ Premium Commitment _____	Spouse _____ <input type="checkbox"/> M <input type="checkbox"/> F DOB _____ <input type="checkbox"/> Non-tobacco <input type="checkbox"/> Never <input type="checkbox"/> Quit _____ <input type="checkbox"/> Tobacco <input type="checkbox"/> Cigarettes <input type="checkbox"/> Cigar <input type="checkbox"/> Pipe <input type="checkbox"/> Chew Health History/Meds _____ Dependent Age _____ M F _____ M F _____ M F _____ M F _____ M F _____ M F _____ M F _____ M F
Individual Health	Long Term Care
<input type="checkbox"/> Maj Med <input type="checkbox"/> HSA Deductible _____ Coinsurance <input type="checkbox"/> 50/50 <input type="checkbox"/> 80/20 <input type="checkbox"/> 100 <input type="checkbox"/> Dr Co-pay <input type="checkbox"/> RX Card <input type="checkbox"/> Maternity <input type="checkbox"/> Supp Accident <input type="checkbox"/> Hospital Only <input type="checkbox"/> Dental	NH Daily Bnft _____ HHC Daily Bnft _____ Elim Days _____ Benefit Years _____ Inflation Option <input type="checkbox"/> 5% <input type="checkbox"/> COLI <input type="checkbox"/> None Company _____ <input type="checkbox"/> IN Partnership
Short Term Medical	MoneyGuard
Coinsurance <input type="checkbox"/> 50/50 <input type="checkbox"/> 80/20 <input type="checkbox"/> 100 <input type="checkbox"/> Single Pay # of Days _____ <input type="checkbox"/> Monthly Pay <input type="checkbox"/> 6 months <input type="checkbox"/> 12 months <input type="checkbox"/> Student Select - coverage for college	<input type="checkbox"/> One Pay <input type="checkbox"/> 2nd to Die <input type="checkbox"/> Flex Pay Inflation Opt <input type="checkbox"/> Compound <input type="checkbox"/> Simple <input type="checkbox"/> None Death Benefit _____ or Premium _____ Monthly LTC Benefit _____
Disability Income	Medicare Supplements
Monthly Income _____ Elim Days <input type="checkbox"/> 30 <input type="checkbox"/> 60 <input type="checkbox"/> 90 <input type="checkbox"/> 180 <input type="checkbox"/> 365 Benefit Years <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> Age 65	Plans: A B C D E F G H I High Deductible F Company _____
Life	Annuity
Death Benefit _____ <input type="checkbox"/> Term <input type="checkbox"/> UL <input type="checkbox"/> Survivorship <input type="checkbox"/> Simplified Issue <input type="checkbox"/> Guaranteed Issue Riders/Benefits <input type="checkbox"/> Waiver of Premium <input type="checkbox"/> Accidental Death <input type="checkbox"/> Child _____ <input type="checkbox"/> Spouse <input type="checkbox"/> Disability Income	Deposit _____ <input type="checkbox"/> Qualified <input type="checkbox"/> Non-Qualified <input type="checkbox"/> Indexed <input type="checkbox"/> MYG <input type="checkbox"/> Fixed <input type="checkbox"/> Immediate <input type="checkbox"/> Life Only <input type="checkbox"/> Life with Period Certain 5 10 15 20 Payout _____ <input type="checkbox"/> Monthly <input type="checkbox"/> Annual
Group	Mortgage
Mail or fax the following information to include reason: <input type="checkbox"/> Are you the current agent? <input type="checkbox"/> Health Condition Information <input type="checkbox"/> Census <input type="checkbox"/> Plan Design <input type="checkbox"/> Current Rates	Client Social Security # _____ Co-borrower Social Security # _____ Loan Amount _____ Purpose of loan: <input type="checkbox"/> Refinance <input type="checkbox"/> Purchase <input type="checkbox"/> Reverse Mortgage