



Foreign Travel

Please answer all questions applicable to the client's medical history.

Producer Name _____ Phone _____ Date _____

Client Name _____ Date of Birth _____ Male Female

Face Amount _____ Max Premium \$ _____ /yr. Term Permanent

Has the client ever used any form of tobacco (cigarettes, cigars, pipe, snuff, etc.)? Yes No

Frequency _____ Date of last use _____ Type _____

| CLIENT | | | |
|------------------------------------|--|-----------------------------|--|
| Occupation | | Company | |
| Income | | Location of work and duties | |
| Citizenship | | | |
| US Visa type and expiration | | | |
| Current residence | | | |
| Primary residence | | | |
| Location of primary care physician | | | |

| TRAVEL: PRIOR 12 MONTHS (list all travel) | | | |
|---|--------|-----------------------|------------|
| City/Country | Reason | Number of Trips/Dates | Total Days |
| | | | |
| | | | |
| | | | |

| TRAVEL: NEXT 12 MONTHS (list all travel) | | | |
|--|--------|-----------------------|------------|
| City/Country | Reason | Number of Trips/Dates | Total Days |
| | | | |
| | | | |
| | | | |

Questions?

Please call your McGill Brokerage Marketing Team at 800-279-0751.