



Client Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_

**Coverage Options**  
**Critical Illness**

Policy Amount: \_\_\_\_\_

Monthly Premium: \_\_\_\_\_

Policy Amount: \_\_\_\_\_

Policy Amount: \_\_\_\_\_

Monthly Premium: \_\_\_\_\_

Monthly Premium: \_\_\_\_\_

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**100%**

- Internal Cancer or Malignant Melanoma
- Heart attack
- Stroke•Alzheimer's Disease
- Major Organ Transplant
- Blindness
- Paralysis
- Deafness
- Kidney Failure