

Express Quote

**4 Hour
Response!**

*Products and financial services provided by
The State Life Insurance Company
a ONEAMERICA® company
P.O. Box 406
Indianapolis, IN 46206
(317) 285-2300*



Fax: 317-285-2199

Express Quote For: _____ Age: _____
Client's Last Name

Approximate Face Amount: _____

Product: Asset-Care® Annuity Care 36 mo. COB Rider Lifetime COB Rider

Annuity Care II – COB: 3Year 6Year 9Year

Tobacco Use: Yes No Male Female Height: _____ Weight: _____

Diagnosis/Problem	Date	Medications/Treatment

Test Results: _____

Other Medications: _____

Tentative Underwriting Action: _____

Underwriter: _____ Date: _____

***Never guarantee this tentative quote to your client, as this quote may be modified during the actual underwriting process. An Express Quote does not take the place of the actual underwriting process.**

Producer's Name: _____ Fax Number: _____

Producer's Code: _____ E-mail: _____

If an application is forthcoming, please include a copy of this response with the application. Additional information may be requested during the actual underwriting process.

If you have any documentation relative to this potential problem, please fax it along with this form. (Please limit documentation to a maximum of five pages.)