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Administered by: 

FACTFINDER GROUP TERM

GENERAL INFORMATION

Name of Organization: _____

Mailing Address: _____
Street or PO Box City/Twp./Borough County State Zip Code

Physical Address: _____
Street City/Twp./Borough County State Zip Code

Telephone Number: () _____ Fax Number: () _____

Email Address: _____

Type of Organization: Ambulance County Fire Department Relief Assoc. Rescue Squad
(Please check one)

CONTACT INFORMATION FOR EMERGENCY SERVICE ORGANIZATIONS

Name: _____ Title: _____

Telephone Number: () _____ Work Home Email Address: _____

PRODUCER INFORMATION

Name of Producer: _____

Producing Agency: _____

Address: _____
Street or PO Box City/Twp./Borough County State Zip Code

Telephone Number: () _____ Fax Number: () _____

Email Address: _____

Are you life licensed? Yes No

Date Proposal Needed: _____

DATA REQUIRED FOR A GROUP TERM PROPOSAL

Census data including: Member's name, date of birth
Please review census to ensure legibility.

Is there current coverage in effect? Yes No

If yes, list current carrier: _____

Proposed Effective Date for Coverage: _____

Basic Face Amount including Basic AD&D: \$ _____

Covered Activity AD&D (from 100% - 200%): _____ %

Reduction Schedule: { Standard Reduction (50% at age 70)
(Please check one) { None
 { Other (explain) _____

Type of Organization: Volunteer Career * Combination (Volunteer/Career)

* If combination, each member must be designated as either volunteer or career on the census.

Please contact the Benefits Division for information on transferring your census data electronically.