

Term Life Insurance Application Form Sample for Seniors

The **term life insurance application form sample** for seniors simplifies the process of securing financial protection. Designed specifically for older applicants, it ensures clear understanding of essential health and personal details. This sample helps streamline approval by accurately capturing all necessary information.

Personal Information

Full Name:

Date of Birth:

Gender:

--Select--

Address:

Phone Number:

Email Address:

Policy Details

Requested Coverage Amount:

Term Length (years):

--Select--

Health Information

Do you currently smoke or use tobacco products?

Yes

No

Primary Physician's Name:

List any current or past serious health conditions (e.g., heart disease, diabetes):

Medications Currently Taken:

Beneficiary Information

Beneficiary Full Name:

Relationship to Applicant:

☐ I certify that all information provided is accurate to the best of my knowledge.

Submit Application