



183 Leader Heights Road  
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Administered by: **Glatfelter**  
SPECIALTY BENEFITS

## 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.