



Client Enrollment Information

Name _____ Cell # _____ Tobacco Use YES NO

Address _____ City _____ State _____ ZIP _____

Email _____ SSN _____ Height _____ Weight _____

DL# and State _____ Date of Birth _____ Gender _____

State of Birth _____ Date of Employment _____ Occupation _____

Monthly Gross Income _____ **OR** Annual Gross Income _____

Spouse's Name, SS#, Gender & Date of Birth _____

Spouse Employed? Yes No Occupation _____ Annual Income _____

Dependent's Name, Gender, & Date of Birth _____

Dependent's Name, Gender, & Date of Birth _____

Dependent's Name, Gender, & Date of Birth _____

Dependent's Name, Gender, & Date of Birth _____

Beneficiary(ies) Name, Address, Relationship, & Date of Birth _____

Have you or anyone who is applying for benefits ever had any health issues including but not limited to cancer, heart attack, stroke, diabetes, kidney disease, or ALS? If yes, provide details. _____

Please Rank by Order of Importance

Life Policy _____ Critical Illness Policy _____ Short Term Disability _____

Cancer Policy _____ Accident Policy _____ Accident Disability _____

I authorize Citadel Benefits Group and/or their representative to design a benefits program using my monthly SIMRP allotment in the amount of \$ _____

Signature

Date