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cynoSure Financial

"Tuition Protect"

INVOLUNTARY UNEMPLOYMENT PROGRAM REQUEST FORM

Date

School Name and Address

Administrator Name and Domiciled Address

Please acknowledge the following and then answer the questions below. Attach spreadsheets if necessary.

Email completed form to: newbusiness@cynosurefinancial.com or Fax completed form to: 586-771-4590

- You understand that this is a Blanket Program, to be included with all products you sell and to be given to every customer.
- You understand that all marketing materials and promotional advertisement must be approved in advance by the insurer.
- You agree that you will not use the name of the insurer in any marketing material relating to any product or promotion.

- 1) Could you describe your school (ex: vocational, middle school, boarding school...)?

- 2) How many students are enrolled?

- 3) What is the annual tuition?

- 4) What are the parents' socio-economic classifications (ex: military, doctor, lawyer, clerk....)

- 5) What are the parents' address zip codes?

- 6) How much of the annual tuition do you want to cover (ex: 100%, 25%...)?

- 7) Do you have any special program requests?