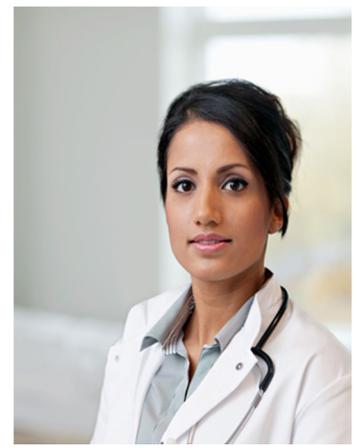


ONCOLOGISTS INSURANCE PROGRAM

In 2014, we setup an insurance program for the Oncologists with substantial discounts on insurance.

Have you taken advantage of the discounts?



Offers for Oncologists

25% discount on disability insurance

Purchase up to \$30,000 per month of disability coverage with a guaranteed annual premium discount. Policies are issued an own occupation definition of disability, a cost of living adjustment, a future income option, HIV Hepatitis B&C protection, a conversion to long term care coverage and a 25% discount.

25% discount on Critical illness insurance

Receive a tax-free lump sum payment after the onset of a critical medical problem such as a heart attack, cancer or stroke, etc. If you do not claim, you may be eligible to get back up to 100% of the premiums paid with a return of premium option. Policies may include a 10% discount.

25% savings on term life insurance

Qualify for preferred rates and save up to 25% on term life insurance.

6.25% dividend interest rate on participating whole life insurance

Whole life insurance is an asset accumulation, estate, and retirement planning vehicle. It is designed to enhance the cash value in a long-term dividend interest rate asset class while providing guaranteed increasing cash value and permanent life insurance. This is an excellent tool for those who are saving money inside their corporations for retirement and estate planning purposes.

Long term care insurance

In the event of a chronic illness, cognitive impairment or the inability to complete two or more activities of daily living, up to \$9,000 per month may be paid tax-free to provide for home or facility care as required. There is no medical required.

Scan and email to info@levinefinancialgroup.com or fax to 416-915-6150

I am interested in...

- Disability insurance 25% discount
- Critical illness insurance 10% discount
- Term life insurance with preferred underwriting and up to a 25% savings
- Whole life insurance with a 6.25% dividend interest rate
- Long term care insurance

Dr. _____

Date of birth ____/____/19 ____

Email _____

Cell Phone: _____