share your experience

Are you happy with the products and services provided by AVMA LIFE? We’d love to hear about it!

**Personal Information**

Name: 
Practice Name: 
Email: 
Phone: 

**Testimonial Questions**

What product(s) have you purchased through AVMA LIFE Trust? Check all that apply.

**Disability**
- Disability Income
- Professional Overhead Expense
- Supplemental Disability for Education

**Life**
- 10- or 20-Year Level Term Life
- Family Group Life
- 45+ Term Life Advanced
- Accidental Death & Dismemberment

**Packages**
- Member Basic Protection
- Student Basic Protection

**Health**
- Hospital Indemnity
- Critical Illness
- Dental
- Vision
- Long-Term Care

How satisfied are you with the products and services provided by AVMA LIFE?

- 5 (very satisfied)
- 4
- 3
- 2
- 1 (very dissatisfied)

Would you recommend AVMA LIFE to your peers? Why?

Describe your experience working with your AVMA LIFE representative. Please provide a specific example, if possible.

May we contact you for additional information?

- Yes
- No