AGENT: _____ **DATE:** _____

CLIENT INFORMATION

Name _____ **Spouse** _____

Address _____ **Phone** _____

_____ **Children** _____

_____ _____

Phone _____ _____

Driver's License # _____ **Driver's License #** _____

Date of Birth _____ **Date of Birth** _____

Height _____ **Weight** _____ **Height** _____ **Weight** _____

Bank Account ◯ Yes ◯ No **Routing** _____ **Account** _____

Do you currently have life insurance that you own? ◯ Yes ◯ No

Do you have any children or grandchildren under the age of 18? ◯ Yes ◯ No

QUESTIONNAIRE

Do you or have you ever had any of the following:	YOU	SPOUSE
High Blood Pressure	◯ Yes ◯ No	◯ Yes ◯ No
Heart Conditions? Stents? Any Heart Surgery?	◯ Yes ◯ No	◯ Yes ◯ No
Heart Attack?	◯ Yes ◯ No	◯ Yes ◯ No
Sleep Apnea	◯ Yes ◯ No	◯ Yes ◯ No
Stroke	◯ Yes ◯ No	◯ Yes ◯ No
Cancer	◯ Yes ◯ No	◯ Yes ◯ No
DUI within 5 years	◯ Yes ◯ No	◯ Yes ◯ No
Diabetes (oral/insulin) *What age were you diagnosed?* _____	◯ Yes ◯ No	◯ Yes ◯ No

	YOU	SPOUSE
Neuropathy | *Ever prescribed Gabapentin?*	◯ Yes ◯ No	◯ Yes ◯ No
Family History of Cancer	◯ Yes ◯ No	◯ Yes ◯ No
Family History of Stroke	◯ Yes ◯ No	◯ Yes ◯ No
Have you been hospitalized for more than 48 hours in the past 5 years?	◯ Yes ◯ No	◯ Yes ◯ No
Have you used tobacco in the past 12 months	◯ Yes ◯ No	◯ Yes ◯ No
Have you had COVID? If yes, then when _____	◯ Yes ◯ No	◯ Yes ◯ No
Is there any medical condition that you've been diagnosed with, that I DID NOT ask about? _____	◯ Yes ◯ No	◯ Yes ◯ No

MEDICATIONS

_____ _____

_____ _____

Primary Care Physician Name _____

Address _____

_____

Phone _____

Which company do you have your cancer policy with? _____

OPTIONS

For Agent Use: Remember to present living benefits before giving options