



Settlement Masters, LLC
 5000 Birch Street, Suite 100
 Newport Beach, CA 92660

TOLL-FREE: 877.927.7243
 PHONE: 949.253.0480
 FAX: 949.253.0488
 WWW.THESETTLEMENTMASTERS.COM

Compliant Settlement Non-Med Form

Instructions:

1. Complete this Pre-Qualification Request Form with the most current information available.
2. Submit an inforce illustration with level premiums to age 105 based on a level death benefit and any existing loan paid off. If the policy is a variable universal life contract, please calculate the illustration assuming a 4% net rate of return.
3. Please email the form and illustration to Michelle@thesettlementmasters.com and Daryl@thesettlementmasters.com.

Name of Submitting Producer/Agent		Producer/Agent Telephone #		Producer/Agent Email		Insured(s) Name	
Insured 1 Gender M F		Insured 1 D.O.B.		Insured 1 Ht. / Wt.		Insured 2 Gender M F	
Insured 2 D.O.B.		Insured 2 Ht. / Wt.		Policyowner State		Policy Type	
Insurance Company		Policy Issue Date		Policy Face Amount			
Policy #		Cost Basis		Policy AV/CSV		Policy Loan Amount	
						Reason for Sale?	

CHECK 1 BOX PER INSURED ONLY		INSURED'S HEALTH AND LIFESTYLE DESCRIPTION	
1 st Insured	2 nd Insured	Please provide the most accurate health picture based on the Insured's opinion	
GOOD		<ul style="list-style-type: none"> Insured lives an active and independent lifestyle, may exercise regularly, travel, work, etc. If applying for new life insurance, Insured would be considered a Standard health or better. 	
FAIR		<ul style="list-style-type: none"> Insured lives an average lifestyle – primarily independent but with some minor assistance. If applying for new life insurance, Insured would be rated as high as a Table 4. 	
POOR		<ul style="list-style-type: none"> Insured lives independently but REQUIRES ASSISTANCE AND SUPERVISION. If applying for new life insurance, Insured would be considered a highly rated risk class. 	
SERIOUS		<ul style="list-style-type: none"> Insured must be monitored regularly and REQUIRES DAILY OR FULL-TIME SUPERVISION. If applying for new life insurance, Insured would NOT QUALIFY for insurance. 	
TERMINAL		<ul style="list-style-type: none"> A terminal condition that may result in a life expectancy of 24 months or less. 	

Insureds	PRIMARY DIAGNOSIS AND OTHER MEDICAL CONDITIONS	
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		Medications and Dosages	
1	2	Insured 1	Insured 2
Cancer (5+ years in Remission) Type: _____ Cancer – current Type: _____ ADL Assistance with: _____ Diabetes – Type I Diabetes – Type II TIA, Multiple? Y N Hepatitis C Cirrhosis, Stage: _____ Organ Transplant Chronic Kidney Disease COPD, Stage: _____ Emphysema, Stage: _____ Dementia Alzheimer's Disease	Hypertension High Blood Pressure Aneurysm Heart Attack, Multiple? Y N Atrial Fibrillation Cardiac Arrhythmia Coronary Artery Disease Coronary By-Pass Congestive Heart Failure Pacemaker – Placement Date Valve Replacement/Repair Peripheral Vascular Disease Multiple Sclerosis ALS; Diagnosed in: Parkinson Disease Other: _____		

Additional Health Notes: