



What we will need

to get started

Non-Med Form:

think of it as field underwriting; give us a picture of the Insured's current health including medications and dosages.

3 illustrations:

1. "As Planned Premium"
2. Solving for Annual Premium to Keep the policy **in force** to Age 105 starting in the year it **Lapses** under the As Planned Premium
3. Solving for the Annual Premium to Keep the policy **in force** to Age 105, if permitted.
Otherwise, Solve for the Annual Premium to the policy **Maturity**.

Send the Non-Med Form and Illustrations to Daryl Hable at Daryl@TheSettlementMasters.com (949) 825-6163.

Settlement Masters - Settlement Masters, LLC
5000 Birch Street, Suite 100
Newport Beach, CA 92660
TOLL-FREE: 877.927.7249
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 illustrations 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 <input type="checkbox"/> F <input type="checkbox"/>	Insured 1 D.O.B.	Insured 1 Ht. / Wt.	Insured 2 Gender M <input type="checkbox"/> F <input type="checkbox"/>	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
Please provide the most accurate health picture based on the Insured's opinion.

GOOD
• 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
• 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
• Insured lives independently but **REQUIRES ASSISTANCE AND SUPERVISION**.
• If applying for new life insurance, Insured would be considered a highly rated risk class.

SERIOUS
• 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
• A terminal condition that may result in a life expectancy of 24 months or less.

Insured:

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

SM NonMed 11/2019

