

Life Insurance

Why are you asking about my health history? Your responses are strictly confidential and are shared with our internal insurance professionals and insurance carriers before you ever complete an application. Life insurance is medically underwritten. Understanding your current health before completing an application allows our team to find life insurance options for you at the most accurate price that can be placed with a high degree of confidence. Rest assured, you do not need to be in perfect health to qualify for coverage. Please also note that completing this questionnaire is not an offer or guarantee for coverage.

Proposed Insured's (PI) name: _____

Date of Birth _____ Height _____ Weight _____

Have you experienced a weight gain or loss of more than 10 pounds in the past year? YES NO
 If yes, how much gain or loss? _____

Have you previously been rated, postponed, or declined for life/disability/LTC insurance? YES NO
 If yes, when and why? _____

What life insurance protection do you have today? *Please provide specific, detailed information. Refer to policy documents if necessary and list below.*

Permanent life insurance (whole life, universal life, variable universal life, etc)

Company Name	Face Value	Annual Premium	Policy Start Date
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____

Term life insurance (individually held or provided by group/employer)

Company Name	Face Value	Annual Premium	Policy Start Date
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____

1. In which country were you born? If U.S., what state? _____

2. Are you a citizen of the United States of America? YES NO

3. Have you ever used tobacco or nicotine products? YES NO
 How long ago? _____ If within the past 3 years, type and quantity _____

4. Do you vape or use any e-cigarettes? YES NO

5. Do you or have you ever used marijuana or a recreational drug? If so, please provide details including type of drug, quantity, frequency and purpose (medicinal vs. recreational)? YES NO

6. Do you have any medical conditions? If yes, please provide details including how many years you have had that/those condition(s), any complications, and any relevant results scores such as A1C score for diabetes. If you were ever diagnosed with a form of cancer, then please provide stage at diagnosis. YES NO



7. Have you previously been diagnosed with any medical conditions that you no longer have? If yes, please provide details including how many years ago were you were diagnosed and how many years ago you recovered. YES NO

8. Please list all current medications, both prescription and over the counter, that you are currently taking, including dosage and frequency.

Medication	Dosage	Frequency	Duration of Use	Reason
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

9. Have you been pregnant or delivered a child within the last 12 months? If yes, were there any complications during pregnancy or after childbirth? Please provide details: YES NO

10. Outside of childbirth, have you had any hospitalizations in the past 10 years? If yes, when and for what? YES NO

11. Has any biological parent or sibling died prior to age 70? If yes, from what condition and what age? YES NO

12. Do you have family history (parent or sibling) of cardiac disease, cerebral vascular disease, diabetes or cancer? If yes, please provide details & age of diagnosis YES NO

13. Have you ever been convicted of a felony or misdemeanor? If yes, provide details and current probation/parole status (if applicable) YES NO

14. Within the last 5 years, have you had any moving violations or DUIs? If yes, please provide details and status. YES NO

15. Are you an active member of the U.S. Military or Armed Forces Reserves? If yes, please provide details. YES NO

16. Do you plan to travel outside the borders of the United States in the next 2 years? If yes, please provide destination and purpose of the trip. YES NO

17. Do you participate in dangerous sports or activities, such as, but not limited to, piloting an aircraft, hang gliding, rock climbing, bungee jumping, sky diving or scuba diving? If yes, please provide details, frequency and any certifications attained. YES NO

18. Have you been advised by a Healthcare Professional to have any surgery, non-routine diagnostic test or medical evaluation that has not yet been completed? (If yes, please provide details including date(s) of any scheduled procedures). YES NO
