

- 1) No Burial Life Insurance
- 2) Need More Life Insurance
- 3) Leave behind money for legacy

Appointment Date and Time:

CLIENT PROFILE

Name and DOB:

Retired / Employed:

Social Security / Pension / Both:

Medicare / Med Sup:

Life Ins / Annuity:

401K/IRA/Stock/SEP/TSP/MF/CD:

Burial / Cremation

Tobacco: Yes / No

CLIENT PROFILE

Name and DOB:

Retired / Employed:

Social Security / Pension / Both:

Medicare / Med Sup:

Life Ins / Annuity:

401K/IRA/Stock/SEP/TSP/MF/CD:

Burial / Cremation

Tobacco: Yes / No

Heart Attack / Stroke / Cardiomyopathy / CHF / Defibrillator / Stents / TIA / Angina / Angioplasty / Bypass
 Pacemaker / Heart Valve Disorder / Aneurysm / Cancer / Pain Meds / Anxiety & Depression / Cirrhosis
 Diabetes - Pills / Insulin / Neuropathy / Diabetic Coma / Insulin Shock / Amputation
 Asthma / COPD / Oxygen Assisted Breathing / Sleep Apnea / Hepatitis / Liver or Kidney Disease
 Confined to Wheel Chair / Alzheimers / Dementia / ALS / Organ Transplant / Dialysis / Terminal Illness

MEDICAL UNDERWRITING

Prescriptions, Hospitalizations and Surgeries

Height and Weight:

MEDICAL UNDERWRITING

Prescriptions, Hospitalizations and Surgeries

Height and Weight:

Name of Beneficiary:

DOB:

Relationship to Insured:

Name of Beneficiary:

DOB:

Relationship to Insured:

I accept / decline the final expense option given to me.

Date: