

Medical Inventory

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Health Questionnaire / Informal Application

Agent Name: _____

Client Name: _____ DOB: _____

Male Female Height: ___ ft ___ in Weight: _____ Weight lost in past year: _____

Intended face amount: \$ _____ Term UL SUL

Has the client ever used nicotine? Yes No Product: _____ Frequency: _____ Last used: _____

Has this case been rated by another carrier, or shopped? Please provide details. _____

Are specific carriers being considered? Please list in order of preference. _____

Is the agent aware of any underwriting issued (e.g., aviation, occupation, travel) _____

Is there a parent or sibling who has had cancer , diabetes , stroke , or heart disease ? If yes, please check the appropriate condition, list the relationship, and provide age at diagnosis and/or death.

Do you have diabetes? Yes No Date of diagnosis: _____

Current A1C: _____ Type I Type II

Current BP: _____ Total Cholesterol Level: _____ HDL: _____ LDL: _____

Known medical conditions with details (e.g., cardiac issues, cancer, complications of diabetes). _____

Health Questionnaire / Informal Application (Continued)

Please list medications, dosages and reason taken below. (please use additional sheets if needed)

Medication	Dosage	Reason for taking

Are you providing medical records? Yes No

Please list any doctors below for which records have no been provided.

Name	Phone Number	Address	Last Seen	Type of physician

For life applications with a face amount of \$10,000,000 or more, we will assist you in seeking medical record documentation from physicians, hospitals, etc. Please note however, if the case does not go formal with one of our carriers, you will be responsible for all expenses incurred on behalf of your client.

Due to HIPAA compliance regulations, copies of any medical records which were obtained by the annuity & life source inc., will not be made available at any time to anyone (including the agent and applicant), regardless of the outcome of the application process.

Please sign below to accept and agree with this policy.

Print Name
Signature
Date