INTAKE FORM

1. Date of Appointment:

2. Name: **Date of Birth / Age:** **Phone#**

Email: **Address:**

3. Were you looking to leave extra money behind for the family to cover bills, leave an inheritance, or were you mainly wanting to cover the funeral expenses?

☐ Burial / Cremation Cost ☐ Income Replacement ☐ Legacy Purposes / Inheritance

4. As of right now, if something happened to you today, do you have something that could act as life insurance like a personal policy outside of work, any significant savings, or investments like stocks, bonds or a 401K that the family can pull from?

☐ Existing Life Insurance Policy (Outside of Work) ☐ Investments / Savings ☐ No Coverage

Amount Type Mo. Premium Amount Type

5. How long have you been looking for coverage?

6. What prompted you to start looking into coverage for your loved ones?

☐ Death of a loved one ☐ A terminal illness ☐ Taking precaution for the family

7. What has stopped you from making a decision to put something in place up to this point?

☐ Budget Issue ☐ Did not qualify for coverage in the past

8. Were you looking to be cremated or were you leaning towards a traditional burial service?

☐ Cremation ☐ Traditional Burial

9. Will your loved ones want to have a viewing, memorial service, or a dinner reception where they can share their memories about you? YES / NO

10. If something happened to you today, what is the name of the person that this would have the biggest financial impact on tomorrow when it comes to paying the funeral arrangements and bills?

Beneficiary Name **Relation** **Date of Birth** **Phone# (Collect during application)**

11. If something happened to you today, what does this look like for [Beneficiary Name] tomorrow? Is he/she financially able to cover the funeral/cremation expenses aside from the bills he/she already has, or would he/she need to take days off work to get the family and friends together for a fundraiser or something similar?

MEDICAL INTAKE

Are you a US Citizen or Permanent Resident? YES / NO

What City and State were you born in?

Do you smoke or use any tobacco products? YES / NO

Height / Weight:

A. **Have you ever been treated, prescribed medication for or diagnosed with any kind of heart condition or any of the following: Heart failure, heart surgeries, heart attacks, strokes, cardiomyopathy, transient ischemic attack (TIA), aneurysm, Afib or irregular heartbeat? Any stent, pacemaker or defibrillator placement? HIV, AIDs, or cancers of any kind?**

B. **Have you ever been treated, prescribed medication for or diagnosed with any thyroid, kidney or liver diseases? Any kidney or liver failure, hepatitis, cirrhosis or been placed on dialysis?**

C. **Any blood or organ transplants? Have you ever been treated, prescribed medication for or diagnosed with diabetes, high blood pressure, or lupus? If diabetic, ask, "With diabetes, have you had any complications such as an amputation, retinopathy (eye disease), nephropathy (kidney disease), neuropathy, insulin shock or diabetic coma?"**

D. **Anxiety-depression, bipolar disorder, Alzheimer's, dementia, memory loss, or PTSD?**

E. **Are you currently on a breathing machine or have you ever been treated, prescribed medication for or diagnosed with asthma, emphysema, COPD, or any chronic respiratory disease?**

F. **In the past six months, have you been confined to a nursing home, received hospice care, or been confined to a wheelchair except for a temporary condition?**

G. **In the past 10 years, have you had any felonies, DUI's, license suspensions, been incarcerated or on parole? Any treatment from a facility, physician or counselor for alcohol or drug abuse?** *DUI / Felony / Incarcerated / Parole / Lic. Suspension?* If *YES*, Date of:

H. **Are there any other conditions or medications that might come up that indicate any chronic conditions, cancers, heart conditions or any kidney, liver, or lung problems?**

Health Condition(s)	**Date of diagnosis/cured**	**Medication(s)**	**Date of first/last fill**

What is your approximate monthly income?

Do you bank with a credit union or a traditional bank like Bank of America or Chase for example?
Credit Union / Bank / Direct Express Card / Debit Card

POLICY DETAILS						
Company	**Plan Type**	**Coverage**	**Start Date**	**Mo. Premium**	**Mo. Draft Day**	**Policy/App#**