

Life Insurance Health Pre-Screen Form



Not an application for life insurance. This Preliminary Inquiry is used exclusively to gather specific information on a proposed insured's medical history and other factors that may impact underwriting and rating classifications.

Date: _____ Advisor Name: Kelly Augspurger Advisor Phone: 614 333-8888

Insured Name: _____

Date of Birth: _____ Email: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Height: _____ Weight: _____ Male Female Drivers license #: _____

Tobacco

Do you currently use tobacco in any form (cigarettes, cigars, chewing tobacco, etc.)? Yes No

If "YES," please specify the form of tobacco and the quantity used: _____

Are you a past tobacco user? Yes No If "YES", time since last use? _____

Any type of Marijuana q Yes No If "YES", type used _____ Frequency: _____

Driving Record

How many moving violations has client received in the past three years? _____

Have you ever been arrested for driving under the influence of alcohol or drugs? _____

Yes No If "YES," when and how many? _____

Medical Impairments and History

Do you have any history of any medical impairments? (e.g., diabetes, cancer, hypertension, etc.): _____

Medications taken, purpose of medication, dosage and frequency: _____

Family History

Heart Disease Cancer Diabetes If "YES," Relation to you? Mother _ Father Sibling If death, at what age?

Occupation and Family

Do you work? If "YES," job title and employer? _____

What is your annual taxable income? _____

Do you have dependents? Yes No If "YES," ages and how many? _____

Other Coverage

Do you have other life insurance (e.g., group life insurance through work or another individual policy)? Yes No

If "YES," list death benefit, term, and details.

Do you have a premium budget? _____ per _____ (month or year)