

Request for Life Insurance Review—Banner Life

Full Client Name: _____ Last 4 digits of SSN: _____ Gender: _____

Date of Birth: _____ Email Address: _____

Full Address: _____

1. Do you have a history of alcohol or substance (drug) abuse (if yes, answer 1b)? _____
1b. Has there been any abuse in the past 10 years? _____
2. Have you had any DUIs in the past:
 - a. 5 years? _____
 - b. 3 years? _____
3. Have you had more than 2 motor vehicle moving violations in the past 3 years? _____
4. Answer the following:
 - a. Has either parent or a sibling had a history of cardiovascular disease before age 60? _____
 - b. Has either parent died as a result of a cardiovascular disease before age 60? _____
 - c. Have both parents died as a result of cardiovascular disease before age 60? _____
5. Height: _____ Weight: _____
6. Have you used any nicotine products in the last:
 - a. 36 months (3 years)? _____
 - b. 24 months (2 years)? _____
 - c. 12 months (1 year)? _____

Quoted Premium: \$ _____ Face Amount: \$ _____ Product: _____

Riders: _____ Payment Method: _____

Payment Mode: _____ Date to Save age? _____

Replacing? _____ If so, what is the purpose for replacement? _____

Is the Insured the Owner? _____ If not, answer below:

Name of Owner: _____ City, State: _____ Zip: _____

Telephone Interview:

Best time to call: _____ Best phone number to call: _____

Writing Agent Name: _____

What to Expect

from your

Life Insurance Interview



**Give or Email to
Your Client!**

Good for you! You've made the important decision to apply for life insurance. Now that your application has been started, here's what's next.

You'll need to complete a life insurance interview. Most insurance companies do this over the phone with you, and some offer an online option for you to complete on your own.

Below is information that will help you prepare - regardless of which process you go through.

General Information

- Information to verify your identity; such as your social security number, driver's license number (and history of violations) and other demographic information
- Citizenship documentation (*if applicable*)

Other Life Insurance

- Information about any other life insurance policies you have; including insurance company names, policy numbers and coverage amounts

Health and Medical Information

- Height, weight and any fluctuations
- Names, addresses and phone numbers for all current doctors and clinics
- Names and dosages of current prescriptions or over-the-counter medications
- Medical history; including details for medical conditions, date of diagnoses, treatments, results of treatments, and any procedures/surgeries performed
- Family health history for parents and siblings, including major diagnoses such as heart disease or cancer and ages/causes of death (*if applicable*)

Financial Information

- Earned and unearned income
- Total net worth, including property
- Assets and Liabilities
- Employment information
- Banking information (*optional if you wish to pay premiums with automatic deductions*)

Lifestyle Information

- Information about exercise habits, travel, and any high-risk activities such as sky diving, hang gliding, scuba diving, rock climbing, aviation, racing, etc.
- Information about smoking, drinking habits, and drug use.