

# John Hancock Digital App Questions

## Proposed Insured:

Client Name \_\_\_\_\_ Length of term \_\_\_\_\_

Date of Birth \_\_\_\_\_ Tobacco? \_\_\_\_\_ Rate Class? \_\_\_\_\_

Face Amount \_\_\_\_\_ Email Address \_\_\_\_\_

Gross Annual Salary: \_\_\_\_\_ Net worth: \_\_\_\_\_ Mode: \_\_\_\_\_

Street Address with Zip Code: \_\_\_\_\_

Best Telephone Interview Number \_\_\_\_\_ Best time to call \_\_\_\_\_

Is insured the owner? \_\_\_\_\_ (If no, need name of individual or company owner.)

If No: Name of Owner \_\_\_\_\_ Relationship to Insured \_\_\_\_\_

Date of Owner Birth: \_\_\_\_\_ Owner SSN: \_\_\_\_\_ Owner Phone: \_\_\_\_\_

Owner Address: \_\_\_\_\_

Payment Type: \_\_\_\_\_

## Beneficiary Information:

Name: \_\_\_\_\_ Relationship to Insured: \_\_\_\_\_ Percentage: \_\_\_\_\_

Primary Beneficiary \_\_\_\_\_ Contingent Beneficiary \_\_\_\_\_

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Primary Beneficiary \_\_\_\_\_ Contingent Beneficiary \_\_\_\_\_

## Plan Information:

Any riders \_\_\_\_\_

Purpose of insurance: \_\_\_\_\_ Premium Payment Source: \_\_\_\_\_

Any current life insurance policies in-force? If so, need company name, policy #, face amount and issue date:

1. Company: \_\_\_\_\_ Face Amount \_\_\_\_\_ Issue Date? \_\_\_\_\_ Policy #: \_\_\_\_\_

2. Company: \_\_\_\_\_ Face Amount \_\_\_\_\_ Issue Date? \_\_\_\_\_ Policy #: \_\_\_\_\_

3. Company: \_\_\_\_\_ Face Amount \_\_\_\_\_ Issue Date? \_\_\_\_\_ Policy #: \_\_\_\_\_

Replacing or Financing any Inforce coverage? \_\_\_\_\_ Type of Coverage: \_\_\_\_\_

Will policy be delivered face-to-face? \_\_\_\_\_ Have you personally met the Insured? \_\_\_\_\_

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.