

# Medical Inventory

1

## 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). \_\_\_\_\_

800.743.4930

info@theannuitysourceinc.com

www.TheAnnuitySourceInc.com



