



FACT-FINDING QUESTIONNAIRE

All personal information protected by HIPAA regulations

•• Completion of a FACT FINDER will accelerate the underwriting process ••

Agent name: _____
Agent phone number: _____ E-mail Address: _____
Proposed Insured's legal name: _____ Date of Birth/Age: _____
Gender: _____

Proposed Coverage

Rate Class: _____	Term Plan: <input type="checkbox"/> 10 <input type="checkbox"/> 15 <input type="checkbox"/> 20 <input type="checkbox"/> 25 <input type="checkbox"/> 30	Permanent: <input type="checkbox"/> Guaranteed UL <input type="checkbox"/> Indexed UL <input type="checkbox"/> Whole Life
Face Amount: _____		Guarantee to Age: _____
Premium Mode: <input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly	Riders: <input type="checkbox"/> Return of Premium <input type="checkbox"/> Waiver of Premium <input type="checkbox"/> Accidental Death Benefit <input type="checkbox"/> Child Rider - Units: _____	1035 Exchange amount: _____
		Desired Monthly LTC Benefit: _____

Purpose of Insurance: _____

Current Nicotine Use:

- None
- Cigarettes – frequency of use per day: _____
- Cigars- quantity per month: _____
- Pipe
- Dip
- Chew
- Nicotine Gum
- Other: _____

Previous Tobacco Use (*List each type of tobacco, quantity, and frequency used, and date of last use*):

Measurements

Height: ____ feet ____ inches Weight: _____ pounds

Family History

 (*Family history is a consideration for each rate class*):

To your knowledge, is there any family history (parent or siblings) with onset of disease prior to age 60 due to cardiovascular disease, cerebrovascular disease, diabetes, or cancer?

- Yes
- No

If yes, provide full details with impairment, age at onset and age at death if deceased

- Father: _____
- Mother: _____
- Siblings: _____

