Please send back to jrosner@lifeandhealthsolutions.net

**List of Questions for Life Insurance Policy**

Full legal name:

Spouse's or beneficiary's full legal name:

City / state / date of birth:

Spouse's or beneficiary's city/ state/ date of birth:

Your cell/email:

Spouse's or beneficiary's cell/email:

Current address:

Years at current address:

If Beneficiary other-than-spouse, their Address:

SSN :

Spouse's or beneficiary's SSN:

Driver's License Number / State of Issue / Expiration Date:

If Spouse applying as well, spouse’s Driver’s License Number / State of Issue / Expiration

Employer name / Corporate Address / Phone

If Spouse Applying, Spouse’s Employer name / Corporate Address / Phone

Approximate gross income last year:

If Spouse Applying, Spouse’s Approx gross income last year:

Projected income this year:

Spouse’s:

Smoked cigarettes in last 5 years?

Spouse?

Any medicinal or recreational marijuana? If so, type (ie, smokable, ingestible...)

Spouse?

Any parent or sibling died or diagnosed with cancer, coronary disease/stroke/kidney disease or diabetes before the age of 60?

Spouse’s?:

IF SO - Ages if alive, or age at passing and reason

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Your accurate height/weight:

Spouse’s accurate height/weight:

Doctor name (or practice name) and address:

Spouse’s:

Date and reason for last visit: (an annual checkup best reason)

Spouse’s:

Were you prescribed any new medication?

Spouse?

List all current medications/dosages (EVEN if you are not taking them)

Spouse?

Any history of medical condition:

Circulatory/ Skeletal/ Nervous/ Endocrine/ Excretory/ Respiratory/ Dermatological / Muscular / Digestive, etc? For which a licensed medical professional has diagnosed and/or treats you for?

Spouse?

Been admitted to a hospital in last 5 years?

Spouse?

Ever been to a mental health professional or taken mental health medications (for depression, anxiety, etc)?

Spouse?

What is the company any current life insurance is with? What year did you get the policy? What is the death benefit?

Spouse?