

Phone Interview Worksheet: Paperless Application

This form is to only be used as a guide for the Paperless Application. This does not replace the application nor should be submitted to the company. You will still need to review all documentation with the applicant.

Agent Info (from the agent)

What is your Agent Code? _____ Phone Number: _____

What city and state is the Applicant completing this application in? City: _____ State: _____

Will there be a second Agent on the case? Yes No

Are you (or the splitting agent) related to the applicant? Yes No

Where should the policy be sent? (Agent or Owner) _____

Applicant Info (from the agent)

First: _____ Middle Initial: _____ Last: _____ Suffix: _____

DOB: _____ SSN: _____ Gender: _____

What is the applicant's Country of Birth? _____ What State were they born in? _____

Residence Address: _____

Additional Address Info: _____

City: _____ State: _____ Zip Code: _____

Does the applicant have a separate mailing address? Yes No

Home or Cell: _____ Work: _____ Email: _____

Is the Proposed Insured a U.S. citizen? Yes No Marital Status: _____

What plan is being applied for? _____

What is the Policy Amount? _____

Is the Insured and Policy Owner the same person? Yes No

Will the Owner also be the Payor? Yes No

What is the Policy Owner's relationship to the Insured? Yes No

Does the Proposed Insured and/or Owner have any existing life insurance or annuity coverage? Yes No

Will any existing insurance or annuity policy with another company be discontinued or changed if the insurance applied for is issued? Yes No

ICC Health History: (Applicant ONLY)

Height: _____ Weight: _____

Have you had any weight gain or loss in the past year? Yes No

If Yes, How many pounds? _____

Have you used tobacco, nicotine products, marijuana, electronic cigarette, or vaping pen/device in any form in the past 12 months? Yes No

If Yes, which one(s)? _____

Primary Physician/Facility: _____ Last Seen(MM/YYYY): _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Health History Questions 3-14:

It is highly recommended that you ask all medical questions before the phone interview. If any answers to questions 3-12 are answered "Yes" then the proposed insurer is not eligible for any coverage. If any answers to questions 13-14 are answered "Yes" then the proposed insurer may only qualify for Graded Death Benefit.

UW Decision:

Case #: _____

Plan Info:

APL: Yes No What is the desired frequency of payment? _____

What payment form is being used? _____ Requested Issue and Initial Draft Date? _____

Are future ongoing draft dates to be the same day of the month as the Requested Issue and Initial Draft Date? Yes No

If No, What day should the 2nd and ongoing monthly drafts occur after the Requested Issue and Initial Draft Date? _____

Payment: Prepare the Payor before the phone interview to give their bank account and routing number if using SSB EFT or Regular EFT. If using a Debit/Credit/Direct Express, the payor will need to give the information at the time of the phone interview. Direct Billing will need to be sent to the Administrative office.

Is this a Checking or Savings account? _____ What is the name of the bank? _____

Is the Premium Payor the same as the Insured? Yes No

Did you collect a Check or Money Order for the Initial Premium Payment? Yes No

Beneficiary:

It is highly recommended that the applicant obtains all beneficiary information before the phone interview. This will include the type of beneficiary (Person, Estate or Funeral Home), name, relationship to the applicant, DOB, and SSN. They will also need to know if they are a Primary or Contingent. All Primaries and Contingents must equal 100%.