National Benefits - Life Insurance Request Form

I understand that the life insurance quote I receive depends on the accuracy of the information I provide.	☐Yes ☐No
Today's date	

Full name			Nick name		
Daytime phone		Cell phone		Evening phone	
Fax #		Email address			
Mailing address					

Name of person to be insured				Amount of Coverage	$
Date of Birth		Gender ☐ Male ☐ Female	Height		Weight
Occupation					

Type of Policy	☐10 yr Term ☐15 yr Term ☐20 yr Term ☐25 year Term ☐30 yr Term ☐Universal Life ☐Whole Life
Riders	☐Child (Amount of Coverage $) ☐ Additional Insured (Age Gender Amount of Coverage $)
Benefits	☐Disability Waiver of Premium ☐Accidental Death Benefit ☐Long term care rider

THE QUESTIONS BELOW APPLY TO THE PERSON TO BE INSURED:	
Nicotine Usage	☐Never ☐Quit over 5 years ago ☐Quit over 2 years ago ☐Quit within past 2 years ☐Current
Nicotine Products Used	☐Cigarettes ☐Cigars ☐Chewing Tobacco/Snuff ☐Pipe Tobacco ☐Nicotine Gum or Patch
Blood Pressure/ top number	☐135 or less ☐140 or less ☐Greater than 140 ☐Unsure
Blood Pressure/bottom number	☐ 85 or less ☐90 or less ☐Greater than 90 ☐Unsure
Blood Pressure History	☐No high blood pressure history ☐Stabilized for 12 months ☐ Not Stabilized for 12 months
Cholesterol Level	☐ Under 210 ☐Between 210 and 240 ☐Between 240 and 250 ☐Over 250 ☐Unsure
Cholesterol History	☐No high cholesterol history ☐Current/previous treatment for high cholesterol ☐ Unsure
Applicant Medical History	☐Coronary Artery Disease ☐Heart Attack ☐Abnormal EKG ☐Diabetes
	☐Respiratory disorders ☐Chronic renal failure/cirrhosis ☐Circulatory disorders
	☐AIDS /HIV related complex ☐Melanoma ☐Any Other Cancer
Current Medical Conditions	
Current Medications (list)	
Moving Violations	☐Never had a moving violation ☐One or less in the past 2 years ☐Two or less in the past 2 years
	☐Three or less in the past 5 years ☐Over 3 in the past 5 years ☐Unsure
Most Recent DUI	☐No prior DUIs ☐Within the past 5 years ☐Between 5 and 10 years ago
Legal Issues	☐Felony charges pending ☐On probation for a felony
Aviation/Sports Hazards	☐Private pilot ☐Commercial pilot ☐Other aviation activities ☐Hazardous sports activities
	☐Bungee Jumping ☐Mountain Climbing ☐Scuba Diving ☐Racing
Treatment for Alcohol Use	☐Never ☐Within the last 10 years ☐More than 10 years ago
Treatment for Drug Use	☐Never ☐Within the last 10 years ☐More than 10 years ago
Mental or Emotional Disorders	☐None ☐Mental disorders ☐Emotional disorders ☐Depression ☐Unsure
Family History prior to age 65	☐Coronary Artery Disease ☐Cancer ☐Heart Disease ☐Diabetes prior to age 60 ☐None
Family History of Death due to	☐Coronary Artery Disease ☐Cancer ☐Heart Disease ☐Diabetes prior to age 60 ☐None
	Person Deceased ☐Mother ☐Father ☐Sibling