Medical Inventory

Health Questionnaire / Informal Application

Agent Name:										
Client Name:			DO	DOB:						
Male 🗌 🛛 Fem	ale	Height:	_ ft in	Weight:	Weight lost i	n past year:				
Intended face amount	:\$	Τε	erm 🗌	UL	SUL 🗌					
Has the client ever use	d nicotine?	Yes 🗌 No	D 🗌 Produ	ct:	Frequency:		Last used:			
Has this case been rated by another carrier, or shopped? Please provide details.										
Are specific carriers be	ing considere	ed? Please lis	t in order of p	preference						
Is the agent aware of any underwriting issued (e.g., aviation, occupation, travel)										
ls there a parent or sib condition, list the relat					neart disease 🗌 ? If	yes, please che	eck the appropriate			
Do you have diabetes?	Yes 🗌	No 🗌	Date o	of diagnosis:						
Current A1C:	Type I] Ту	rpe II 🗌							
Current BP:	Total Ch	olesterol Lev	/el:	HC	L:	LDL:				
Known medical condit	ions with det	ails (e.g., car	diac issues, ca	ancer, complica	tions of diabetes).					

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Health Questionnaire / Informal Application (Continued) -

Please list medications, dosages and reason taken below. (please use additional sheets if needed)

Medication	Dosage	Reason for taking

Are you providing medical records? Yes 🗌 No 🗌

Please list any doctors below for which records have no been provided.

Name	Phone Number	Address	Last Seen	Type of physician

For life applications with a face amount of \$10,000,000 or more, we will assist you in seeking medical record documentation from physicians, hospitals, etc. Please note however, if the case does not go formal with one of our carriers, you will be responsible for all expenses incurred on behalf of your client.

Due to HIPAA compliance regulations, copies of any medical records which were obtained by the annuity & life source inc., will not be made available at any time to anyone (including the agent and applicant), regardless of the outcome of the application process.

Please sign below to accept and agree with this policy.

Print Name

Signature

Date

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