

APPONTMENT INFO:
 Day: _____
 Date: _____
 Time: _____

Final Expense Benefits Program Worksheet

- Guaranteed Acceptance (50-80)
- Death Benefits Begin at Approval
- You Control Your Plan Benefits
- Living Benefits Available
- Fixed Rates & Coverage Amounts



INSURED'S NAME: _____ **Date of Birth:** _____ **Age:** _____

Phone #: _____ **Email Address:** _____

Have you *Ever* had any kind of a: **Heart Issues?** ___ No ___ Yes : _____

Cancer? No Yes : _____ **Stroke?** No Yes : _____

COPD? No Yes **Oxygen Use?** No Yes (AIG) **Home Health RN?** No Yes (AIG)

What do or have You ever taken medications for? **Name / Reason You're Taking it?**

Height: ___' ___" **Weight:** _____ **Tobacco use?** ___ No ___ Yes

_____	: \$ _____	\$ _____	\$ _____
_____	: \$ _____	\$ _____	\$ _____
_____	: \$ _____	\$ _____	\$ _____
Benefit Premium Monthly:		\$ _____	\$ _____

Address: _____

City: _____ **State:** _____ **Zip:** _____ **SS#:** _____ - _____ - _____

DL State: _____ **DL #:** _____ **Ck/Sav/CC:** _____

No Physical Exam!
Just complete a written questionnaire.