

## **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 3-15:**

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 13-15 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%.