**Phone Policy Worksheet**

TELESALES LINE: 888-230-6088

**What is the main reason you requested benefits?
Have you experienced a funeral recently? (Had to pay for a funeral or do the work involved?)
Who will be in charge of your service?

Client #1 Name:**

Age: Birthdate:

SSN:

Tobacco? Qualified?

Policy Type: Final Expense Modified Base Rate:

ADD: Amount of Coverage:

Policy Verification Reference #:

**Client #2 Name:**

Age: Birthdate:

SSN:

Tobacco? Qualified?

Policy Type: Final Expense Modified Base Rate:

ADD: Amount of Coverage:

Policy Verification Reference #:

**Payment Info**

Payment Type:

Routing #: Checking/Savings Acct #:

Start Date: Monthly Draft Date/Day:

Credit Card Type: Number:

Expiration Date: Security #: Sequence #: