

Agent Name _____

Phone _____

Email Address _____

Applicant Last Name _____

Date of Birth _____

Sex Male Female

Height/Weight _____ / _____

Occupation _____

Ever use nicotine products?

If yes, check type and list date last used:

Other: _____

Date last used _____

Frequency per month _____

Product Applying for: Term Universal

Face Amount _____

1. Have you lost any weight in the last 12 months? No Yes
If yes, how much weight? _____

2. Was the weight loss intentional? No Yes

3. How was the weight loss accomplished? (check all that apply)
 Diet Exercise Medication Surgery

If surgery, please indicate type of surgery and date: _____

4. Are you on any medication(s)? No Yes
Name(s) and dosage(s): _____

5. Have you discussed weight loss surgery with your physician? No Yes
If yes, please explain result of consultation:

Additional Comments:

