

# Applicant Information Sheet

**Step 1** - Show them the card they filled out, your insurance license and/or badge, and introduce yourself as their local benefits coordinator licensed by your state.

**Step 2** - "So, the reason I'm here today is to review the information you requested..."

**1st** I'm going to ask you a few questions to see what you qualify for

**2nd** I'll explain the program, how it works, and the benefits available

**Then** we'll review the results and see what fits your lifestyle and your budget the best.

Sound Good? Ok great. So it looks like you put your age down as..."

**Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ AM/PM

**Age:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Smoker:** Y or N

**Height/Weight** \_\_\_\_\_

12 mo's / 5 yrs / 10 yrs (Taken Chantix/RX?)

Have you been **Hospitalized overnight 2** or more times for something **serious** in the past **10 years? 5 years? 3 years? 12 months?** \_\_\_\_\_

**Currently** have any **SERIOUS Heart, Lung, Kidney, Circulatory, or any Liver Problems?**  
\_\_\_\_\_

Have you been diagnosed with **Cancer** or have you had a **stroke?** \_\_\_\_\_

**COPD, Emphysema, Asthma?** \_\_\_\_\_

**Mental Disorder, Disorder of the brain or nervous system?** \_\_\_\_\_

Any **Transplant** or **Chronic illness?** \_\_\_\_\_

Any **Drug** or **Alcohol Abuse** or have you been **Arrested** for any reason in the last 5 years?  
\_\_\_\_\_

Do you take any **RX Medications** or **Inhalers?** Have any others been prescribed over the last **5** years?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you on **SSI** or **SSDI?**

What day of the month do they pay you? \_\_\_\_\_

Does it go into your **Checking, Savings, or Dir Exp Card**?

Do you have any **existing life insurance**? \_\_\_\_\_ How much **Coverage**? \_\_\_\_\_

What is the **monthly pmt**? \$ \_\_\_\_\_ Which **company** is the policy with? \_\_\_\_\_

How/when do you pay? \_\_\_\_\_ Is it **WL** or **Term**? \_\_\_\_\_

Do you know the difference between WL and Term? **Let me explain**

If **yes**, Do you have your policy handy? I'd love to do a free policy review for you.

If **no**, Have you had a policy in the past and if so what happened? \_\_\_\_\_

Have you ever had to plan a funeral, and if so **did they have a policy**? Do you remember **how much it cost**? \_\_\_\_\_

Have you thought about whether you want to be **Buried** or **Cremated**? \_\_\_\_\_

What do you think the average cost is for a **Burial**? **Cremation**? \_\_\_\_\_

If Cremation - "Is this by choice or cause of the cost?"

**Children? Grandchildren?** Names and ages:

\_\_\_\_\_  
\_\_\_\_\_

**Who do you trust enough to leave in charge of all this?** (Beneficiary)

\_\_\_\_\_  
\_\_\_\_\_

**Stop here and review Legacy Bi-Fold and benefits**

**After reviewing Legacy:**

"If it meant protecting your family and making sure everything was planned in advance and paid for, what would be a comfortable monthly payment for you?" \$ \_\_\_\_\_

**Once they give you a \$ amount:**

Enter all info into SLICE, then present options to the client on the next page using the "Custom" feature

## PEACE OF MIND

All of our policies are whole life. The payment never goes up and the coverage never goes down. They all include accidental death and all the Legacy benefits we discussed - For example, locked in wholesale pricing on your funeral merchandise, negotiation team, living benefits, etc... for you and 4 additional members.

	Good	Better	Best
Natural Death	\$ _____	\$ _____	\$ _____
Accidental Death	\$ _____	\$ _____	\$ _____
Monthly Premium	\$ _____	\$ _____	\$ _____

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### Keep this for your records:

Who are the 4 people you want to get those Legacy Benefits?

- 1)
- 2)
- 3)
- 4)

Mothers Maiden Name: \_\_\_\_\_

SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_