

Investech, Inc. Agent/Client Pre-Qualifying Worksheet

Agent Information

Name _____ Phone _____

Company _____ Fax _____

Date of Birth _____ E-mail _____

Primary Sales Life Health P&C Annuities LTC Investments Disability

Client Information

Name _____ Male Female Soc. Sec. # _____

Date of Birth/Age _____ Height _____ Weight _____

Occupation _____ Yearly Earned Income _____

Address _____ City _____ State _____ Zip _____

Tobacco Usage Never In the Past Year In the Past 2 Years Past 3 Years Past 5 Years

What tobacco was used, how much and when last used. _____

Plan Information

Term Universal Life Whole Life Survivorship Long Term Care Annuity

Death Benefit Desired _____ Premium Desired _____

Will premiums be financed? Y / N / Maybe Mode Annual Semi Quarterly Monthly

Replacement Yes No Unsure Purpose of Insurance _____

Family History

Have any immediate family members (parents, siblings) been diagnosed or died from heart disease or cancer? Yes No

If yes, please provide the following details; relation, diagnosis, approximate age of disease onset, age at death (if deceased).

Basic Rx (Cholesterol, Blood Pressure, etc)

What meds do you currently take and why if not already explained in another section.

Drug and Alcohol Usage Check here if this section is not applicable

Do you currently drink alcohol? Yes No Date of last consumption _____

Note the amounts: Beer _____ Wine _____ Liquor _____

Did you ever drink substantially more than present? Yes No

Have you even been arrested for driving under the influence of alcohol? Yes No

If yes, provide date(s) & details:

Have you ever used illegal drugs or sought treatment because of drug use? Yes No

If yes, provide details:

Types of Drug(s) used: _____

Date of last use: _____

Doctor/Facility Treatment _____

Coronary Check here if this section is not applicable

Dates/details of treatment/surgery (examples: Angioplasty, Bypass)

Number of diseased vessels: _____

Date of last stress EKG: ____ - ____ - ____ Results: _____

Any pain since treatment/surgery _____

Cancer Check here is this section is not applicable

Name and location of cancer: _____

Stage and grade: _____

Dates/details of treatment/surgery:

Diabetes Check here if this section is not applicable

Date of diagnosis: ____ - ____ - ____ Treatment: Diet Only Oral Meds Insulin

Provide details on treatment: _____

Do you regularly test your blood sugar glucose? Yes No Results? _____

Latest result of glycohemoglobin (A1C) test: _____ Date: ____ - ____ - ____

Have you even been diagnosed with having protein and/or microalbumin in your urine? Yes No

Have you EVER had: Eye Trouble Heart Trouble High Blood Pressure Kidney Trouble

Neuritis/Neuralgia Insulin Reactions

Depression Check here if this section is not applicable

List the date and diagnoses: _____

Number of episodes _____

Provide details on treatment and medication

Has the client been hospitalized for psychiatric treatment? _____

History of Substance Abuse Personality/Psychotic Disorder Suicide Thoughts/Attempts

Hazardous Activities Check here if this section is not applicable

Private Pilot Yes No If yes, provide details below. Flight locations: _____

Total number of hours flown as a Pilot in Command: _____

How many hours flown per year & expected in the next 12 months: _____

IFR (instrument flight rating)? Yes No

Does the client participate in the following activities: Scuba Diving Bungee Jumping Skydiving

Mountain Climbing Hang Gliding Auto/Motorcycle Racing Other

If yes to any, please provide details below.

