

Simplified Issue Life Insurance Policy Application

1. Applicant Information

Full Name

Date of Birth

Social Security Number

Address

City

State

ZIP Code

Phone Number

Email Address

Gender

Select

2. Policy Details

Policy Type

Select Type

Coverage Amount (\$)

Term Length (if applicable)

Primary Beneficiary Name

Relationship to Beneficiary

3. Health Questions

Has the applicant been diagnosed with or treated for any of the following in the past 5 years?

Heart Disease

Cancer

Diabetes

HIV/AIDS

None of the above

Do you use tobacco or nicotine products?

Select



Current Weight (lbs)

Current Height (inches)

Primary Physician Name

Physician Contact Number

Please list all current medications (if any):

4. Declarations & Authorizations

I hereby apply for a Simplified Issue Life Insurance Policy. I declare that to the best of my knowledge and belief, all answers and statements on this application are complete and true. I authorize any physician, practitioner, hospital, or other organization to give the insurance company information regarding my health.

Applicant's Signature

Date