MERIT

Quick Fact-Finder Tool

Tel: (800) 477-8546 • Fax: (860) 233-8547

All personal information protected by HIPAA regulations (see HIPAA Form attached with supplemental forms)

Completion of a FACT FINDER will accelerate the underwriting process

Agent name: _____

Agent phone number _____ E-Mail Address: _____

Proposed Insured's legal name: _____ Date of Birth/Age: _____

Plan of Insurance requested:

Individual: ☐ Term ☐ U L ☐ WL ☐ SUL ☐ DI ☐ LTCi

Rate Class Desired

☐ Best Rate

☐ Preferred

☐ Standard

☐ Rated: _____

Client's budget: $ _____

Present Nicotine Use:

☐ None ☐ Cigarettes–frequency of use per day: _____

☐ Cigars ☐ Pipe ☐ Dip ☐ Chew ☐ Nicotine Gum ☐ Other: _____

Quantity per month _____

Former Tobacco Use: List each type of tobacco, quantity and frequency used, and date of last use:

_____

Build: Height: _____ feet _____ inches Weight: _____ pounds

Family History (Family history is a consideration for each rate class):

To your knowledge, is there any family history (parent or siblings) with onset of disease prior to age 60 due to cardiovascular disease, cerebrovascular disease, diabetes, or cancer? ☐ Yes ☐ No

If yes, provide full details with impairment, age at onset and age at death if deceased:

☐ Father: _____

☐ Mother: _____

☐ Siblings: _____

Blood Pressure and Cholesterol:

Latest BP reading: _____ /_____ Latest total cholesterol: _____ mg Latest cholesterol/HDL ratio: _____

Are you currently taking any medication for blood pressure? ☐ No ☐ Yes, Name of medication: _____

Are you currently taking any medication to lower cholesterol? ☐ No ☐ Yes, Name of medication: _____

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Aviation/Avocation:

In the past 5 years have you or do you intend to participate in any of the activities listed?

☐ None ☐ Flying ☐ Racing ☐ Sky diving ☐ Scuba diving ☐ Other

Details: _____

Citizenship/Residency/Travel:

US Citizen: ☐ Yes ☐ No

If no, provide type and expiration date of visa, green card status, and length of time in USA:

_____

Any future plans to live or travel outside the USA? *check with your Brokerage General Agency regarding state compliance prior to completing any application(s) ☐ No ☐ Yes (provide purpose, cities, countries, frequency, and duration):

_____

Driving History:

Have you had any of the following motor-vehicle-related incidents in the past 10 years?

☐ Moving violation ☐ Reckless driving ☐ DWI or DUI ☐ License suspension ☐ License revoked

Provide dates, details: _____

Medical History:

Have you ever had, been told you had, or been treated for any of the conditions listed? If yes, check all that apply:

☐ Alcohol abuse
☐ Alzheimer's/dementia/cognitive impairment
☐ Asthma
☐ Cancer
☐ Cirrhosis
☐ COPD
☐ Coronary artery or cerebrovascular disease
☐ Crohn's disease
☐ Depression/anxiety
☐ Diabetes
☐ Drug abuse
☐ Epilepsy
☐ Heart murmur/valve disease
☐ Hepatitis
☐ Irregular heartbeat/palpitations
☐ Kidney disease
☐ Lupus
☐ Multiple sclerosis
☐ Peripheral vascular disease
☐ Rheumatoid arthritis
☐ Sleep apnea
☐ Stroke
☐ Other

List dates, diagnosis, details, treatment, and any additional medications.
(Refer to Common Medical and Non-Medical Impairment sections for critical underwriting factors):

_____

_____

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