**Qualifying Question for Life Insurance**

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| 1. Cancer, Heart Attach, Stroke or Diabetes-   When did you get it?  What kind?  Any complications?  For diabetes- what is your AIC?  Under control?  Have you ever taken insulin?  Any health issues now or in the past 10 years? |  |  |
| 1. What medications are you taken or have taken in the last 10 yrs (beside Antibiotics or Over the counter meds) |  |  |
| 1. Any hospital stays or surgeries in the last 10 yrs. |  |  |
| 1. Height & Weight- (refer to chart to see if they qualify) |  |  |
| 1. Smoker or Non Smoker-   Tobacco? what kind? If Chew, cigars, dip, marijuana (any of the above beside cigarettes can be non tobacco with Foresters) see tobacco chart |  |  |

Client \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Client \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_