SIMPLICITY ILLINOIS

P 630.869.1651 F 630.869.1654
3400 W Stonegate Blvd, Ste 101-2358 | Arlington Heights, IL 60005

Informal Inquiry

Insured Information

Legal Name (First, Middle, Last): _____

Male ☐ Female ☐

Driver's License #: _____ State: _____ Expiration Date: _____

Height: _____ Weight: _____ Birth State: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Date of Birth: _____ SSN: _____ Email: _____

Employer: _____

Years Employed at Current Job: _____

Tobacco/Nicotine Usage

Have you ever smoked cigarettes? ☐ Yes ☐ No If Yes, date of last usage _____

Have you used other tobacco or nicotine-containing products? ☐ Yes ☐ No

If yes, please provide details:

Agent Information

Name: _____ SNN: _____

Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____

Requested Plan of Insurance

☐ Universal Life ☐ Variable Life ☐ Whole Life ☐ Term, Level Period _____ ☐ Survivorship

Face amount desired $ _____ Premium amount desired $ _____

What is the purpose of insurance?

Inforce Insurance Information

Any Other Life Insurance Inforce? ☐ Yes ☐ No

If So: Replacement: ☐ Yes ☐ No 1035 Exchange: ☐ Yes ☐ No

If yes, please provide estimated amount: _____

Company: _____ Policy Number: _____

Death Benefit: _____ Date Issued: _____

Ownership of Insurance

Owner/If other than Insured: _____

SSN or Tax ID: _____ Date of Birth or Trust Date: _____

Trustee: _____

Address: _____ City: _____ State: _____ Zip: _____

Relationship to Insured: _____

Household Financials

Assets: _____ Liabilities: _____

Liquid Assets: _____ Earned Income: _____

Unearned Income: _____ Household Income: _____

Family History

LIVING OR CAUSE OF DEATH AND AGE

Mother: _____ Father: _____

Siblings: _____

Does any member of your immediate family have a history of: Cancer, Diabetes, Heart Disease? ☐ Yes ☐ No

If yes, please provide details:

Medical History

Date of Last Doctor Visit:_____Doctor's Name: _____

Reason for Last Visit: _____

Please list all physicians seen in the last five years to include reason of visit, diagnosis, medications prescribed:

Please list all current medications:

Have you ever consulted a doctor or received treatment for drug or alcohol abuse? ☐ Yes ☐ No

If so, please provide details:

Do you have a history of coronary artery disease/heart attack/atrial fibrillation? ☐ Yes ☐ No

If yes, please provide details to include date of diagnosis, dates of treatment/surgery and details, Physician treating with contact information:

Do you have a history of cancer of any kind? ☐ Yes ☐ No

If yes, please provide details to include date of diagnosis, type of cancer, stage and grade, physician treating with contact information:

Do you have a history of diabetes? ☐ Yes ☐ No

If yes, please provide details to include date of diagnosis, type of treatment (oral med, insulin), last A1C, any complications, physician treating with contact information:

Please provide details on any other medical condition to include physician treating:

Exam Scheduling

Please provide 3 separate days with times for paramedical exam scheduling:

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday

☐ 7am-9am ☐ 9am-11am ☐ 11am-1pm ☐ 1pm-3pm ☐ 3pm-5pm ☐ 5pm-7pm ☐ 7pm-9pm