

Foreign National Questionnaire

SECTION I: AGENT INFORMATION

Full Name of Agent:

Agent's Phone Number

Agent's Fax Number

Agent's E-mail

SECTION II: CLIENT BACKGROUND INFORMATION

Client's Name

Date Of Birth:

Sex: Male Female

Smoker: Smoker Non-smoker

If history of smoking, date stopped?:

Occupation? (if not currently employed explain - ie:
disabled, Social Security Disability Workman's Comp., etc.)

Type of product:

Face amount requested?

Premium Range Desired? (If replacement, list current
premium and face amount)

Prior company action? (Name of company, rating, premium)

Type of medical impairment or other underwriting problem?

Date condition was first diagnosed?

Current height and weight? (If weight has changed in the last 12 months, please indicate)

Current blood pressure readings?

Name all medications currently being taken. Include dosage and frequency. (ie: 25mg. 2X per day)

Is client currently seeing a doctor for listed condition? Date of last visit?

Types and dates of surgery or hospital treatment?

Has any immediate relative (father, mother, sister, brother) died prior to age 60 of heart disease, diabetes complications, or cancer?

Any other medical history?

What is proposed insured's nationality and citizenship?

What is proposed insured's occupation? Is/was proposed insured involved in politics or the military? If "Yes," explain.

In what country does proposed insured reside?

If proposed insured travels to the U.S.A., indicate frequency, length of stay, reason, and type of visa. Does proposed insured have a physical address in the U.S.A.?

Please list all the proposed insured's ties in the U.S.A. (ie: family and/or business investments.) If business investments, indicate type. (ie: real estate, stock/bonds, bank accounts, etc.)

Can the client be written and examined in the U.S.A.?

If written in proposed insured's country, can the medical requirements be done by an English speaking doctor? (ie: U. S. Embassy)