

DI Health Profile/Application Worksheet

Applicant's Name: _____ Date: _____

Mailing and Residential Address: _____

_____ Telephone #: _____

Driver's License #: _____ Social Security #: _____

Place of Birth: _____ Date of Birth: _____

Last time used Tobacco _____

What Prescriptions do you take? Use the back of this sheet if you need more space.

Prescription	Reason	Dosage

Any history of diabetes, internal cancer, melanoma, drug or alcohol abuse: _____

Do you have any other significant health problems? _____

Any Driving violations in the past 3 years? _____

Do you engage in hazardous sports? _____

Your height and weight: _____

Monthly Salary: _____

Monthly Benefit Amount: _____

Elimination Period: _____

Benefit Period: _____

Occupation and Duties: _____

Doctor(s) name and address: _____

Fax or Mail this form to:

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www.lifeplusinsurance.com