

Health Profile/Application Worksheet

Applicant's Name: _____ Date: _____

Mailing and Residential Address: _____

_____ Telephone #: _____

Amount Desired \$ _____ Plan Type: _____ Whole Life _____ Term

Place of Birth: _____ Date of Birth: _____

Last time used Tobacco _____ Email: _____

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

<u>Prescription</u>	<u>Reason</u>	<u>Dosage</u>

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: _____

Mother's age and health: _____

If deceased, age at death and cause: _____

Father's age and health: _____

If deceased, age at death and cause: _____

Occupation: _____

Doctor(s) name and address: _____

Fax or Mail this form to:

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