



Banner Life Insurance Company
3275 Bennett Creek Avenue
Frederick, Maryland 21704
(800) 638-8428

Date of Request: _____



Request for Life Insurance Interview

* ALL FIELDS MANDATORY

PROPOSED INSURED

_____	XXX-XX-_____	Date of Birth _____ / _____ / _____
(First Name, Middle, Last Name)	(Last 4 digits S.S.#)	(Month) (Day) (Year)

RISK EVALUATION

If answer to question is not known, please leave blank. Criteria Questions			Check One Classification For Each Question	
1	1a. Do you have a history of alcohol or substance (drug) abuse?	If No... Check P+ and go to question 2.	If Yes... Go to question 1b.	
	1b. Has there been any abuse in the past 10 years?	Check P and go to question 2.	Check S and go to question 2.	
2	Have you had any DUIs in the past	If No... Check P+ and go to question 3.	If Yes... Go to question 2b.	
	2a. 5 years? 2b. 3 years?	Check S+ and go to question 3.	Check S and go to question 3.	
3	Have you had more than two motor vehicle moving violations in the past three years?	If No... Check P+ and go to question 4.	If Yes... Check S+ and go to question 4.	
4	4a. Has either parent or a sibling had a history of cardiovascular disease before age 60?	If No... Check P+ and go to question 5.	If Yes... Go to question 4b.	
	4b. Has either parent died as a result of cardiovascular disease before age 60?	Check P and go to question 5.	Go to question 4c.	
	4c. Have both parents died as a result of cardiovascular disease before age 60?	Check S+ and go to question 5.	Check S and go to question 5.	
5	What is your height? _____ weight? _____ Based on height and weight, select the underwriting classification according to the build chart below. If weight meets or exceeds limit for standard (S) class, check S.			
6	Have you used any nicotine-based products in the past	If No... Check P+ and go to question 7.	If Yes... Go to question 6b.	
	6a. 36 months?	Check P and go to question 7.	Go to question 6c.	
	6b. 24 months? 6c. 12 months?	Check S+ and go to question 7.	Check PT if answers from 1 to 5 are all P/P+, otherwise, check ST.	
7	What is the lowest (on a scale where P+ is highest) underwriting class checked in any of the answers to questions 1-6?		Check one box.	

Build Chart

This questionnaire is designed to provide a tentative premium classification based on a portion of the criteria used to determine a final premium classification. Final approval, classification, and actual rates will be subject to and based upon the entire underwriting process, your medical history, information developed during your interview with the Banner Call Center representative and/or any specific underwriting requirements and criteria. Please refer to the policy form for full disclosure of benefits and limitations. Forms and policy provisions may vary by state. Not available in all states.

Height	Minimum Weight	P+	P	S+	S	S	Height	Minimum Weight	P+	P	S+	S	S
		Male	Female	M/F	M/F	M/F			Male	Female	M/F	M/F	M/F
4'10"	89	135	126	148	156	181	5'11"	133	201	175	221	231	272
4'11"	92	140	131	154	162	188	6'0"	136	207	180	228	240	280
5'0"	95	144	135	158	166	194	6'1"	140	213	184	234	245	288
5'1"	98	148	138	163	172	201	6'2"	144	219	188	241	253	295
5'2"	101	153	140	168	175	207	6'3"	148	225	193	247	259	304
5'3"	104	158	143	174	182	214	6'4"	152	230	197	253	265	312
5'4"	108	163	145	179	188	221	6'5"	156	237	201	260	272	320
5'5"	111	168	148	185	194	228	6'6"	160	243	205	267	280	328
5'6"	115	174	150	191	200	235	6'7"	164	249	209	274	287	337
5'7"	118	179	155	197	206	242	6'8"	168	256	214	281	294	345
5'8"	122	185	160	203	212	249	6'9"	173	262	218	288	302	354
5'9"	125	190	165	209	219	257	6'10"	177	268	222	295	309	363
5'10"	129	196	170	215	226	264	6'11"	181	276	226	303	317	372

Legend
P+ Preferred Plus
P Preferred
S+ Standard Plus
S Standard
PT Preferred Tobacco
ST Standard Tobacco

PROPOSED INSURED INFORMATION**Proposed Insured**

Quoted Premium \$ _____	Face Amount \$ _____
Product (Please check only one.)	OPTerm <input type="checkbox"/> 10 <input type="checkbox"/> 15 <input type="checkbox"/> 20 <input type="checkbox"/> 25 <input type="checkbox"/> 30 <input type="checkbox"/> 35 <input type="checkbox"/> 40
	Term Rider <input type="checkbox"/> 10 \$ _____ <input type="checkbox"/> 15 \$ _____ <input type="checkbox"/> 20 \$ _____
	Child Rider <input type="checkbox"/> 5K <input type="checkbox"/> 10K
	Other <input type="checkbox"/> _____
Payment method	<input type="checkbox"/> Direct Bill <input type="checkbox"/> Electronic Funds Transfer (EFT)
Frequency of premium payment	<input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly (EFT Only)
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Is this prospective policy to replace existing insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is the purpose of this insurance?	<input type="checkbox"/> Buy/Sell <input type="checkbox"/> Keyman <input type="checkbox"/> Family Protection <input type="checkbox"/> Income Replacement
	<input type="checkbox"/> Other _____
Policy Owner (if other than Proposed Insured)	Name _____
	City, State _____ Zip _____
Date to Save Age	<input type="checkbox"/> Yes <input type="checkbox"/> No
Waiver of Premium	<input type="checkbox"/> Yes <input type="checkbox"/> No
TIAA - If your client is eligible, would you like us to offer temporary insurance coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Exam Provider	<input type="checkbox"/> EMSI <input type="checkbox"/> ExamOne-Superior Mobile Medics

(Available Interview Hours: Monday - Friday, 9:00 a.m. to 10:30 p.m. ET)

Please contact me: Date _____ Local time: _____	<input type="checkbox"/> AM <input type="checkbox"/> PM	The Banner Life Call Center will contact you within two hours of the designated time.
Primary Telephone No. _____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	Secondary Telephone No. _____
Address _____		<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
City _____	State _____	Zip Code _____
E-Mail Address _____		

Remarks:**AGENT INFORMATION**

I hereby authorize the Company to affix my electronic signature to all life insurance applications and related forms submitted by the undersigned. I will immediately notify the Company should this authorization for use of this signature or any prior signature authorization be terminated or revoked in any jurisdiction.

X _____	_____
Signature of Agent	Date Signed
Agent Name _____	Agent # _____ S.S. # _____ - _____ - _____
Telephone # _____	Share of Commission _____
<u>Additional Agent</u>	
Agent Name _____	Agent # _____ S.S. # _____ - _____ - _____
Telephone # _____	Share of Commission _____
Brokerage General Agent (BGA) _____	BGA Number _____
Case Manager _____	Case Manager E-Mail Address _____

DISCLAIMER

This is not an application for life insurance coverage. Signing or completing this form will in no way serve to create or commence life insurance coverage. Signing or completing this form does **NOT** mean that coverage is effective.

Please send the completed form to 3275 Bennett Creek Avenue, Frederick, MD 21704, fax to 301-294-6960 or email to Banner-Submit@lgamerica.com.