

Final Expense Worksheet

Name: _____ Gender: M F Age: _____
Tobacco- No Yes _____ State: Indiana Kentucky

Health History. Height _____. Weight _____

Heart Attacks/ strokes in past 5-years? No Yes, when/details

(If stroke, was it TIA mini-stroke or full stroke?) _____

Cancer in past 5-years? No Yes, when/details

Diabetes? No Yes, but no insulin Yes, with insulin use: age of 1st insulin use _____
How many units daily? _____

COPD or other lung disorder? No Yes Details (Oxygen? No, Yes currently, Yes in past _____

Prescription inhaler? No Yes currently Yes in past _____

Plug in nebulizer? No Yes, currently Yes, in past _____

Last Tobacco use? _____ Type? Cigarettes Cigars/Pipe only Chew only E-Cigs

Have you been hospitalized in the past 5-years? No Yes,
details: _____

How many daily prescription medications do you take? _____

What conditions do you take the Medications for? _____

Wants coverage for: Funeral Cremation Leave money to family Other

Other coverage currently owned? _____

Previously declined by any life or health insurance in past 2-years? No Yes _____