



**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...	If Yes...		
	2a. 5 years? 2b. 3 years?	Check P+ and go to question 3. Check S+ and go to question 3.	Go to question 2b. 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...	If Yes...		
	6a. 36 months? 6b. 24 months? 6c. 12 months?	Check P+ and go to question 7. Check P and go to question 7. Check S+ and go to question 7.	Go to question 6b. Go to question 6c. 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		Height	Minimum Weight	P+		P		S+		S	
		Male	Female	M/F	M/F	M/F	M/F	M/F	M/F			Male	Female	M/F	M/F	M/F	M/F		
4'10"	89	135	126	148	156	181	196	5'11"	133	201	175	221	231	272	293				
4'11"	92	140	131	154	162	188	203	6'0"	136	207	180	228	240	280	302				
5'0"	95	144	135	158	166	194	209	6'1"	140	213	184	234	245	288	310				
5'1"	98	148	138	163	172	201	217	6'2"	144	219	188	241	253	295	319				
5'2"	101	153	140	168	175	207	224	6'3"	148	225	193	247	259	304	328				
5'3"	104	158	143	174	182	214	231	6'4"	152	230	197	253	265	312	336				
5'4"	108	163	145	179	188	221	238	6'5"	156	237	201	260	272	320	345				
5'5"	111	168	148	185	194	228	246	6'6"	160	243	205	267	280	328	354				
5'6"	115	174	150	191	200	235	254	6'7"	164	249	209	274	287	337	363				
5'7"	118	179	155	197	206	242	261	6'8"	168	256	214	281	294	345	373				
5'8"	122	185	160	203	212	249	269	6'9"	173	262	218	288	302	354	382				
5'9"	125	190	165	209	219	257	277	6'10"	177	268	222	295	309	363	392				
5'10"	129	196	170	215	226	264	285	6'11"	181	276	226	303	317	372	401				

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  10  15  20  25  30

Term Rider  10  15  20

Child Rider  5K  10K

Other  \_\_\_\_\_

Payment method  Direct Bill  Electronic Funds Transfer (EFT)

Frequency of premium payment  Annual  Semi-Annual  Quarterly  Monthly (EFT Only)

Gender  Male  Female

Is this prospective policy to replace existing insurance?  Yes  No

If yes to replacing, the existing policy or contract is being replaced because: \_\_\_\_\_

What is the purpose of this insurance?  Buy/Sell  Keyman  Family Protection  Income Replacement

Other \_\_\_\_\_

Policy Owner (if other than Proposed Insured) Name \_\_\_\_\_

City, State \_\_\_\_\_ Zip \_\_\_\_\_

Date to Save Age  Yes  No

Waiver of Premium  Yes  No

TIAA - If your client is eligible, would you like us to offer temporary insurance coverage?  Yes  No

Exam Provider  APPS-Portamedic  EMSI  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: \_\_\_\_\_  AM  PM The Banner Life Call Center will contact you within two hours of the designated time.

Primary Telephone No. \_\_\_\_\_  Home  Work  Cell Secondary Telephone No. \_\_\_\_\_  Home  Work  Cell

Address \_\_\_\_\_ (Please Print)

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ (Please Print)

E-Mail Address \_\_\_\_\_ (Please Print)

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 \_\_\_\_\_

Additional Agent

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.