

# TELESALES INTAKE FORM

## PERSONAL INFO

*Name*

*DOB*

*Address*

*Phone#*

*Email*

*Social Security#*

*DL/ID#*

*Height                      Weight*

*Smoker Y / N*

## MEDICAL HISTORY

*Physician Name*

*Physician Address*

*Physician Phone#*

*Health Conditions:*

## BENEFICIARY INFO

*Beneficiary Name*

*Beneficiary DOB*

*Beneficiary Phone#*

*Beneficiary Name*

*Beneficiary DOB*

*Beneficiary Phone#*

## BANK ACCOUNT INFO

*Bank Name*

*Bank Routing#*

*Bank Account#*

*Card#*

*CVC#*

*Exp Date*

## POLICY DETAILS

Company

Premium

Policy#

Draft Day

Policy Submit Date

Customer Service#

Policy Effective Date

Coverage Amount