



FAMILY FIRST LIFE

FINAL EXPENSE WORKSHEET

- 1) No Burial Life Insurance
- 2) Need More Life Insurance
- 3) Leave behind money for legacy

CLIENT PROFILE

Name and Age:

Retired / Employed:

Social Security / Pension / Both:

Medicare / Med Sup:

Life Ins / Annuity:

401K/IRA/Stock/SEP/TSP/MF/CD:

Burial / Cremation

QUALIFIED DISCOUNTS -

Tobacco: Yes / No

Credit Union / Bank / SSI DEx

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QUALIFIED DISCOUNTS -

Tobacco: Yes / No

Credit Union / Bank / SSI DEx

Heart Attack / Stroke / Cardiomyopathy / CHF / Defibrillator / Stents / TIA / Angina / Angioplasty / Bypass
Pacemaker / Heart Valve Disorder / Aneurysm / Cancer / Pain Meds / Anxiety & Depression / Cirrhosis
Diabetes - Pills / Insulin / Neuropathy / Diabetic Coma / Insulin Shock / Amputation
Asthma / COPD / Oxygen Assisted Breathing / Sleep Apnea / Hepatitis / Liver or Kidney Disease
Confined to Wheel Chair / Alzheimers / Dementia / ALS / Organ Transplant / Dialysis / Terminal Illness

MEDICAL UNDERWRITING

Prescriptions, Hospitalizations and Surgeries

Height and Weight:

Name of Beneficiary:

DOB:

Relationship to Insured:

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Prescriptions, Hospitalizations and Surgeries

Height and Weight:

Name of Beneficiary:

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Relationship to Insured:

I accept / decline the final expense option that were given to me.

Date: