Martin Estepp
Medicare Benefits Consultant

Senior Life Insurance Needs & Health Questionnaire

A simple way to find out what type of life insurance you qualify for

1. Personal Information

Full Name:

Date of Birth: Age: Gender: ☐ Male ☐ Female

Phone Number: Email (optional):

2. Life Insurance Needs

What would you like this policy to help with?

☐ Final expenses (funeral, burial, cremation)
☐ Pay off debts (credit cards, loans)
☐ Leave money to family
☐ Income replacement for spouse
☐ Other:

How much coverage are you considering?

☐ $5,000-$10,000 ☐ $10,000-$25,000 ☐ $25,000-$50,000 ☐ Over $50,000
☐ Not sure

What monthly premium range feels comfortable for you?

☐ $25-$50 ☐ $51-$75 ☐ $76-$100 ☐ Over $100 ☐ Not sure

3. Tobacco Use

☐ I have never smoked or used tobacco products
☐ I have not smoked or used tobacco in the last 12 months
☐ I currently smoke or have smoked within the last 12 months

4. Health Screening Questions

- Heart attack or heart disease	☐ Yes	☐ No
- Stroke or mini-stroke (TIA)	☐ Yes	☐ No
- Congestive heart failure (CHF)	☐ Yes	☐ No
- Cancer (in the last 2 years)	☐ Yes	☐ No
- COPD, emphysema, or chronic lung condition	☐ Yes	☐ No
- Diabetes with complications	☐ Yes	☐ No
- Kidney disease or dialysis	☐ Yes	☐ No
- Liver disease or cirrhosis	☐ Yes	☐ No
- Alzheimer's or dementia	☐ Yes	☐ No
- HIV or AIDS	☐ Yes	☐ No
- Hospitalized in the past 12 months	☐ Yes	☐ No
- Currently use oxygen or in a wheelchair	☐ Yes	☐ No

5. Prescription Medications

Do you currently take any prescription medications? ☐ Yes ☐ No

If yes, please list them below:

6. Beneficiary Information

Primary Beneficiary Name: _____ Relationship: _____

Secondary Beneficiary (optional): _____ Relationship: _____

Next Step:

After reviewing your answers, I'll show you which plans:

- You may qualify for based on your health
- Fit your budget
- Provide peace of mind to your family