

CAN YOU OBTAIN SUPER HEALTH DISCOUNTS WHEN BUYING LIFE INSURANCE?

The following information is a **GENERIC SAMPLE** and will vary from company to company. Some insurance plans have up to three levels of "Preferred Health Discounts," which makes it difficult to simply give you a clear cost figure without full information. Please explain all "Yes" answers under "Remarks."

Name: _____

Date of birth: _____

		YES	NO																		
TOBACCO	Used in any form within last 48 months? If yes, please indicate the type, usage, and for how long.	<input type="checkbox"/>	<input type="checkbox"/>																		
DRIVING	Convicted of drunk driving in last 5 years or ≥ 2 moving violations in last 3 years? (Note approx. date and convictions below.)	<input type="checkbox"/>	<input type="checkbox"/>																		
ALCOHOL-DRUGS	Abuse of or treatment for alcohol or drugs? (Indicated the date, type, and name of treatment facility.)	<input type="checkbox"/>	<input type="checkbox"/>																		
FOREIGN RESIDENCE/ TRAVEL	Any anticipated foreign residence except Canada or significant amount of business travel? High-risk foreign trips planned? (Note date, destination, and duration below.)	<input type="checkbox"/>	<input type="checkbox"/>																		
HEALTH	History of diabetes, cancer (except basal cell carcinoma), cardiovascular, nervous and mental treatment, or other significant problems? If yes, please describe in the Remarks section below. Also, list prescription drugs, mega-dose vitamins, or food supplements.	<input type="checkbox"/>	<input type="checkbox"/>																		
ACTIVITIES	Do you participate in any hazardous activities, e.g. pilot/scuba diving, or occupations with unusual risks? (If yes, indicate what activity and how often you participate.)	<input type="checkbox"/>	<input type="checkbox"/>																		
FAMILY HISTORY	Parents and siblings diagnosed with cancer (other than skin), cardiovascular disease, or diabetes prior to 65? (Note below.)	<input type="checkbox"/>	<input type="checkbox"/>																		
LIVER ENZYMES	Normal liver functions? If not, please indicate your readings, if known, in the Remarks section below.	<input type="checkbox"/>	<input type="checkbox"/>																		
CHOLESTEROL Are you within the guidelines? If not, please indicate your levels, if known, in the Remarks section below.	Ages 15-44: max 220 Ages 45+: Max 240 Cholesterol/HDL ratio: max of 5 (Treatment OK if levels maintained for minimum of 12 months.)	<input type="checkbox"/>	<input type="checkbox"/>																		
BLOOD PRESSURE Are you within the guidelines? If not, please indicate your levels in the Remarks section below.	Ages 15-44: 145/85 max Ages 45+: 140/90 max Use of medication within 12 months?	<input type="checkbox"/>	<input type="checkbox"/>																		
BUILD (unisex limits for height and weight)	<table style="width: 100%; border: none;"> <thead> <tr> <th style="text-align: left;">Height</th> <th style="text-align: left;">Weight (lbs.)</th> </tr> </thead> <tbody> <tr><td>5'2"</td><td>153</td></tr> <tr><td>5'5"</td><td>166</td></tr> <tr><td>5'7"</td><td>174</td></tr> <tr><td>5'9"</td><td>179</td></tr> <tr><td>5'11"</td><td>193</td></tr> <tr><td>6'0"</td><td>199</td></tr> <tr><td>6'2"</td><td>209</td></tr> <tr><td>6'4"</td><td>221</td></tr> </tbody> </table>	Height	Weight (lbs.)	5'2"	153	5'5"	166	5'7"	174	5'9"	179	5'11"	193	6'0"	199	6'2"	209	6'4"	221	Your height: _____	Your weight: _____
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REMARKS (Use additional sheet if necessary.)																					

We represent over 35 insurance companies, and their response to this chart will vary by carrier. By alerting us of possible problems, you help us better select carriers and negotiate for you. Your doctor's report will also be a key factor, as well as a current exam and lab tests performed by our independent medical service. Questions? Please call David Isaacson at 781-736-0077 ext 133. Return completed form by e-mail to David@ffr-mass.com; by fax to 781-207-0773; or by mail to First Financial Resources, 800 South Street #455, Waltham, MA 02453.