



PLOTTING THE COURSE...

TO COMPLETE INSURANCE PROTECTION

Business Loan Protection With BLP Disability Insurance & Accelerated Life Insurance



"Serving Our Clients Since 1981"



Chris D. Callen, Insurance Agent

"Helping Professionals Nationwide"

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Mandatory Insurance Required by Loan Institution

The representative from the loan institution that is securing your business financing has asked me to contact you to provide you with information regarding the specialized insurance collateral assignment program we have developed for professionals across the United States. In order to secure your financing you will be required to purchase and or assign existing life or disability income insurance to the institution to protect them in the event of your death and/or disability. This is a routine transaction required by most lending institutions for an individual to obtain a business note.

Our firm has been providing comprehensive insurance planning for dentists across the United States for over 26 years. We are an independent insurance agency with no ties to any specific company. We are licensed in all states except Hawaii. Our insurance planning system, *The Focus Strategy Approach*, has been recognized by *Dental Economics* (three-part series in 1998), *The Profitable Dentist*, *The Richards Report*, and many other practice management organizations throughout the country. We also provide the insurance analysis for several of the nation's leading fee-based CPA/Financial Planning firms for medical professionals. You may gain further information about us at our website: www.cdcallen.com.

What we have developed for the practice acquisition client is the availability of a unique, streamlined approach to get the desired coverage in place in a minimal time frame. If you respond to our requests in an expedient time frame, we usually can have the required insurance coverage in force within 30-45 days. This is about **half the time** it normally takes to get policies issued. It is customary for many loan institutions to hold up closing on your loan until this insurance is in place. You should check with your representative to see what their exact requirements are. Some institutions will allow you to close—without the insurance in place—providing we furnish them with a letter stating that you have applied for the insurance. Under this method, they will usually offer you a period of time after the closing to have the insurance in place.

One of the key features of our service is a disability income insurance product that satisfies the loan institution's needs and does not take away from your personal or business overhead disability income maximum limits. This product's benefit (payment) period is identical to the loan term and reduces annually to match the remaining loan balance. Because of the reducing factor, the cost is much less than that of traditional disability income insurance. This product—in combination with our connections with over 200 term life companies—allows us to provide you with the lowest cost solution to the financing company's mandatory insurance needs.

If you intend to assign your personal disability income insurance policy rather than purchase a new policy, that specifically covers loans, you need to be aware of the following facts. Many times the monthly loan obligation assumes all or nearly all of your monthly benefit limit. Therefore, if you become disabled, your loan institution will get paid your entire monthly benefit to cover the loan obligation. You will face living off your investments, family or friends, or even face bankruptcy as there will be no income for personal expenses. It is usually best to purchase a specific policy dedicated to the loan institution.

Also, many times, the monthly note obligation is substantially higher than what any insurance company will let you have with a personal disability income policy. Here again, this is a good reason to look at your special loan policy. With our loan-specific disability income policy you may purchase coverage for all of your note up to a maximum of \$33,000 per month without affecting the limits of your personal disability income insurance.

A word about life insurance. If you currently hold life insurance in an irrevocable trust or family limited partnership, it is generally not recommended that you assign those policies to a loan institution. Normally, this could void the trust or partnership agreement. You should check with your legal counsel prior to making this decision if this situation pertains to you. We normally recommend purchasing a term life policy with a guarantee payment period that expires as close to the date of the finish of your loan payments as possible. If your note is for over five years, you should consider guaranteed level term life. If your note is for less than five years, you should consider annual renewable term life. In no circumstances would we ever recommend the purchase of a permanent type of life insurance (whole life / universal life) for this type of insurance need.

Many of you are taking over an existing practice. If this is the case, you should be considering the purchase of business overhead disability insurance to offset the monthly expenses to run your practice. The average amount of need—in our client base—for this type of product is generally between \$15,000 and \$25,000 per month. **Please be aware that your office fire and theft policy will not pay you in the event of a disability.** A business overhead disability policy will reimburse you for these expenses following a selected waiting period of 30 to 90 days and will pay a benefit for either 12 or 24 months. This policy is eligible as a business deduction so the net cost to the practice is minimal. If you would like us to quote you a business overhead disability income policy for your new practice, please let us know. All we will need to do this is a copy of the most current Profit & Loss statement from their accountant or even just a previous year-to-date print-out from their in-house accounting software.

If you are need of a referral to obtain malpractice, Worker's Compensation or business office policy insurance, please let us know and we will refer a leading company to help you gain this coverage.

If you would like to take advantage of our entire service and receive a complete *Focus Strategy Approach* review, please let us know. All we'll need, in addition to the completed questionnaire included with this letter—are copies of all your current insurance policies, including any current statements, and a copy of your most recent personal and/or business taxes.

What is the Next Step?

1. If you wish to take advantage of our free service to help you obtain collateral assignment insurance for your loans, please fill out our Health & Lifestyle Questionnaire from the link at the end of this page. It is labeled *Practice Acquisition Questionnaire*. Please complete this form and fax or mail back to us as your earliest convenience. In order to get your policy(s) on a rush basis, it is imperative that we know all of the information requested in the form. All of the information is necessary to provide you with accurate cost comparisons, and to alert us to any stumbling blocks that may enter into the picture. If we are aware of these stumbling blocks ahead of time, we are in a much better position to make the necessary adjustments with the carriers in a timely manner. This will only help you in closing your loan faster. Please be honest with us regarding your health history. The worst thing that could happen would be for us to be aware of a known medical condition up front and subsequently submit application(s) with that information included.

Important:

When you request the questionnaire online you will be asked to provide a password. You must call our office at 800-288-6578 to acquire the password.

2. In order to save as much as one to two months of delay, it is imperative that you obtain copies of medical records from all medical sources you have seen in the past 10 years. You will need to return a copy of those records to us along with the completed applications for insurance. It is imperative that you attach these records as no decision will be made by the insurance carrier until they receive this information.
3. Once we receive your applications, it will be necessary for you to take a basic paramedical examination. You will be asked to provide both a blood and a urine sample, and submit to a blood pressure check. You will be asked to provide medical information for a second time to the examiner. It is imperative that you schedule this exam as quickly as possible as no decision will be made by the insurance carrier without this information. We will direct the examination company to contact. They can schedule a time to come to your home or office during the day, the evening or even on weekends. There is no cost to you to have this exam completed.
4. We request that you bind your applications, if allowed by the insurance carrier. This means you will need to make an initial deposit on the policies. Normally, we recommend either paying the first two monthly payments or the first quarterly payment. This is a fully refundable payment if you elect to stop the insurance application process. It will, however, allow for the policy to be put in force immediately up approval, which saves two to three weeks on the approval process. If the application is submitted without being bound, it will take two to three weeks to get the policy in force once it has been approved. This is due to the time lag it takes to actually print the policy, get it to us, have the delivery requirements to you, your return of the requirements, and subsequently us getting them to the company.

If, after reading this letter, you would like additional information about our services, I would welcome the opportunity to speak with you. Please feel free to call our office at 800-288-6578, or e-mail me at cdcallen@cdcallen.com to set up a time for us to speak.

Sincerely,



Chris Callen
Insurance Agent

CC:dco

Save Time with TeleApp



As a financial professional, we know that your time is better spent focusing on sales and service. Let us complete the medical portion Part B (Part II) of the application for you using our **free TeleApp service**. We employ our own trained professionals and use a state-of-the-art reflexive system, designed by our underwriters, to guide your clients through the insurability questions.

Our reflexive questions let the underwriters gain additional insight into medical impairments that our traditional application process doesn't allow. No more back and forth between your client and underwriting trying to clarify vague paper application medical questions. We are so confident in the quality of the information we obtain through TeleApp that we require fewer routine requirements and have reduced APS ordering by 40 percent.

Five easy steps

1. **Complete Part A (Part I) of the application**, and obtain Part C signatures. Explain the interview process to your client. The [TeleApp Guide](#) provides step-by-step instructions to help prepare your client.
2. **Schedule the interview** using one of the scheduling options shown below. Interviews may be scheduled from 7 a.m. to 10 p.m. CST, Monday through Thursday, and 7 a.m. to 7 p.m. CST, Friday.
3. **Submit the initial application** and other required forms (supplemental applications, illustrations, blood consent and Field Office Report) to your New Business coordinator for processing.
4. **The TeleApp interviewer calls your client** at the scheduled time and completes the insurability questions (Part B/Part II). The average interview takes 15-20 minutes. A draft copy of the completed interview responses will be sent to you once the application is received in the home office.
5. **Deliver the policy to the client**. The home office provides two copies of the completed application. Your client reviews the information and signs both copies. One copy is attached to the policy and remains with the client. Return the entire packet, along with the signed application (Part D), to the home office.

Scheduling the interview

You can choose to have your client complete an immediate interview or you can schedule a future date and time when it is most convenient for your client using the following options:

- To immediately complete the interview, call 888-TeleApp (888-835-3277), option 2.
- To schedule an interview, call 888-TeleApp (888-835-3277), option 1.
- Submit a request using the [online form](#).

When scheduling an interview, please provide this information:

- Producer's name and phone number
- Client's name, Social Security number and date of birth
- Products and total amounts applied for
- Signature state (the signing state)
- Client's telephone number and time to call

Benefits of using TeleApp

- It's free!
- Improved policy issue time
- Less paperwork and follow-up
- Fewer routine requirements, attending physician statements and paramedical exams
- Advisors don't have to ask awkward medical questions
- You choose whether or not we schedule the paramedical examination.
- Clients' medical information is gathered by our professional interviewers, not third-party vendors.



**Business Loan
Protection Package
With Principal's
Business Loan Protector
&
Accelerated Life Insurance**

Business Loan Protection

Dental Cases Show Versatility of Rider

Individual Disability Insurance (IDI) solutions from Principal Life Insurance Company help you give employers an edge in protecting their businesses. Learn from your peers and find success selling Overhead Expense (OE) insurance with the Business Loan Protection (BLP¹) rider, as well as other IDI solutions for business owners.

The following three cases show how different dentists took advantage of Principal Life's IDI solutions.

Expand a practice

Background

- An existing client, in business for 25 years, purchased a second location.
- A \$470,000 business loan was approved by a local bank.
- The dentist/owner was critical to the successful running of both offices and had several recurring business expenses.

Solution

The producer recommended an OE insurance policy enhanced with the BLP rider:

- The OE insurance policy features a 90-Day Elimination Period and provides a \$15,000/month benefit for 24 months.
- The BLP rider has a 90-day Elimination Period and a \$10,000/month benefit, terminating in 2013 when the loan obligation is satisfied.

Compensation²

- \$7,692 in annual premium; \$3,846 in first-year commissions (FYCs)
- \$1,538 in renewal commissions over five years

Protect a new practice

Background

Three dentists had taken out a \$465,000 loan to start a new practice and were evaluating disability insurance needs.

- They had a buy-sell agreement funded with life insurance, but needed it funded in the event of a disability.
- There was a need for overhead expense protection.
- Their personal Individual Disability Income (DI) insurance policies were inadequate.

Solution

Two producers, working jointly on the case, sold the following multi-product solution:

- Disability Buy-Out (DBO) insurance for the business continuation funding need.
- An OE insurance policy enhanced with the BLP rider:
 - The OE insurance policy features a 90-Day Elimination period and a \$15,000/month benefit for 24 months.
 - The BLP rider has a 90-Day Elimination Period and a \$4,838/month benefit terminating in June 2018 when the loan obligation is satisfied.
- Each partner purchased an additional Individual DI insurance policy.
- Since three individuals with a common employer purchased IDI, a 20% Multi-Life Discount was applied. **A total of \$9,454 was saved.**³



Individual Life New Business

Principal Accelerated UnderwritingSM

Get an edge with a streamlined underwriting program that provides high-quality life insurance products to your customers while significantly improving the customer's experience. This innovative program uses data that can easily be obtained within 48 hours to eliminate lab testing/exams for 40 to 50 percent of applicants who qualify based on age and face amount requirements.

PROCESS

STEP 1. Complete Part A and C of the application. Do not schedule the paramed appointment. Indicate "Acc Und" on the Producer Report to alert the case manager that this is a Principal Accelerated Underwriting case. Please also indicate on the Producer Report the best time to call your client along with clients' phone number.

STEP 2. Submit the application to your BGA for processing. The BGA will submit the application to the Principal Financial Group® and ensure the TeleApp is scheduled.

STEP 3. Underwriting evaluates the TeleApp, Motor Vehicle Report, prescription history and MIB Inc. report. If the application is approved for Principal Accelerated Underwriting, it proceeds to issue. If not approved, a paramed appointment will be scheduled plus any additional requirements.

QUALIFICATIONS

- Proposed insured's age is 18-60.
- Total face amount is \$50,000 - \$1 million
- New business only: Term (10-, 15-, 20- and 30-year), Universal Life, Indexed Universal Life, Survivorship Universal Life, Variable Universal Life, and Benefit Variable Universal Life (NY only)
- Super Preferred or Preferred risks only (Exception: ages 18-19 qualify at Standard)

DISQUALIFICATIONS

- Major medical conditions (see reverse for details)
- Driving under the influence or reckless driving in the past five years
- Criminal history
- Foreign nationals or travel to hazardous countries
- For applicants over age 50, no primary care physician or evidence of routine physicals
- For Non-Tobacco Preferred, no tobacco use within the past 24 months
- Prior informal request to The Principal® within the last 24 months
- Labs completed for insurance purposes within the last 12 months
- Prior coverage approved other than Preferred or Super Preferred

Note: To ensure quality, a random sample of applications will require full underwriting.

Major Medical Condition List*

Alcohol abuse and/or treatment	Hepatitis
Atrial Fibrillation	Hypertension (diagnosed within six months)
Barrett's Esophagus	Kidney Disease
Bipolar Disorder	Lupus
Cancer (Exceptions: Basal Cell and Squamous Cell Carcinomas)	Melanoma
Chronic Obstructive Pulmonary Disease (COPD)/Emphysema	Multiple Sclerosis (MS)
Crohn's Disease	Parkinson's Disease
Diabetes/Gestational Diabetes	Peripheral Artery Disease (PAD) Peripheral Vascular Disease (PVD)
Drug abuse and/or treatment	Rheumatoid Arthritis (RA)
Epilepsy/Seizure	Sleep Apnea
Gastric Bypass/Lap Band	Stroke/Transient Ischemic Attack (TIA)
Heart Disease/Heart Surgery — All forms	Ulcerative Colitis (UC)

* Advanced diagnostic testing, biopsies and cardiac testing may require an attending physician's statement and traditional underwriting. Other medical history may also require traditional underwriting.

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Disability • Life • Long-Term Care • Loan Protection • Succession Planning



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Insurance products from the Principal Financial Group® (The Principal®) are issued by Principal National Life Insurance Company (except in New York) and Principal Life Insurance Company. Securities offered through Princor Financial Services Corporation, 800-247-9988, member SIPC. Principal National, Principal Life and Princor® are members of the Principal Financial Group, Des Moines, IA 50392.

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Not FDIC or NCUA insured

May lose value • Not a deposit • No bank or credit union guarantee
Not insured by any Federal government agency

Principal Accelerated UnderwritingSM Checklist

Three easy steps

Step 1. Complete Part A and C of the application. Do not schedule the paramed appointment. Indicate “Acc Und” on the Producer Report (and agency transmittal if submitted) to alert the case manager that this is a Principal Accelerated Underwriting case.

Step 2. Call 1-888-TeleApp (1-888-835-3277), option 2, to set up the telephone interview for your client. You can have the client complete an interview immediately, or you can schedule a future appointment. Make sure you tell the interviewer that this is a Principal Accelerated Underwriting application. If you prefer, the BGA can order the TeleApp interview for you.

Step 3. Underwriting evaluates the TeleApp, Motor Vehicle Report, prescription history and MIB Inc. report. If the application is approved for Principal Accelerated Underwriting, it proceeds to issue. If not approved, a paramed appointment will be scheduled plus any additional requirements. Use the checklist below to help determine if your clients(s) are part of the 50–60 percent who qualify.

TeleApp Contact Center Hours
Monday – Thursday: 7 a.m. – 10 p.m. CST
Friday: 7 a.m. – 7 p.m. CST

GENERAL QUALIFICATIONS	YES	NO
Ages are 18 - 60.		
Face amounts requested are between \$50,000 - \$1 million.		
Requested products are Term (10-, 15-, 20- and 30-year), UL, IUL, VUL, SUL, or Benefit VUL II (NY only).		
Build is within recommended weight limits (see back).		
No major medical condition(s) (see back).		
APPLICANT QUALIFICATIONS	YES	NO
If previously underwritten by the Principal Financial Group®, coverage was approved at Preferred or Super Preferred.		
Applicant is a U.S. citizen or permanent resident with no travel to hazardous locations.		
Stated blood pressure is less than 140/85.		
Total cholesterol is less than 220, and cholesterol/HDL ratio is less than 5.0.		
If age 50 or greater, applicant has a primary care physician and evidence of routine physicals.		
No parent or sibling death from cardiovascular disease, stroke or diabetes prior to age 60.		
No parent or sibling death from breast, colon, ovarian or prostate cancer prior to age 60.*		
No history of bankruptcy in the past five years.		
No history of DUI or reckless driving within five years, or more than two moving violations in the past three years.		
No history of felony conviction in the past five years.		
No life, health or disability insurance has been rated, rideder or declined.		
No prior informal request to The Principal® within the last 24 months.		
No labs have been ordered or completed within the last 12 months for life or disability insurance.		
TELEAPP	YES	NO
TeleApp interview has been completed by client. <i>(If not, please provide date and time to schedule TeleApp interview.)</i> Date _____ Time (use client’s time zone) _____		

* Disregard cancer of opposite sex except for colon cancer. Disregard cancer if it pertains to only one family member, and insured has regular check-ups targeted at early diagnosis.

UNDERWRITING BUILD CHART

AGES 18-44				AGES 45-60			
Height	Weight	Height	Weight	Height	Weight	Height	Weight
4'8	79 – 149	5'9	119 – 226	4'8	79 – 158	5'9	119 – 240
4'9	81 – 154	5'10	122 – 233	4'9	81 – 164	5'10	122 – 247
4'10	84 – 160	5'11	126 – 240	4'10	84 – 169	5'11	126 – 254
4'11	87 – 165	6'0	130 – 247	4'11	87 – 175	6'0	130 – 261
5'0	90 – 171	6'1	133 – 253	5'0	90 – 181	6'1	133 – 269
5'1	93 – 177	6'2	137 – 260	5'1	93 – 187	6'2	137 – 276
5'2	96 – 183	6'3	141 – 268	5'2	96 – 194	6'3	141 – 284
5'3	99 – 189	6'4	144 – 275	5'3	99 – 200	6'4	144 – 291
5'4	102 – 195	6'5	148 – 282	5'4	102 – 206	6'5	148 – 299
5'5	106 – 201	6'6	152 – 289	5'5	106 – 213	6'6	152 – 307
5'6	109 – 207	6'7	156 – 297	5'6	109 – 219	6'7	156 – 315
5'7	112 – 213	6'8	160 – 304	5'7	112 – 226	6'8	160 – 323
5'8	116 – 220	6'9	164 – 312	5'8	116 – 233	6'9	164 – 331

Note: Traditional underwriting is required for builds that are off the chart.

MAJOR MEDICAL CONDITIONS

Alcohol abuse and/or treatment	Drug abuse and/or treatment	Melanoma
Atrial Fibrillation	Epilepsy/Seizure	Multiple Sclerosis (MS)
Barrett's Esophagus	Gastric Bypass/Lap Band	Parkinson's Disease
Bipolar Disorder	Heart Disease/Surgery – all forms	Peripheral Artery Disease (PAD/ Peripheral Vascular Disease (PVD))
Cancer (exceptions: Basal Cell and Squamous Cell Carcinomas)	Hepatitis	Rheumatoid Arthritis (RA)
Chronic Obstructive Pulmonary Disease (COPD/Emphysema)	Hypertension (diagnosed within six months)	Sleep Apnea
Crohn's Disease	Kidney Disease	Stroke/Transient Ischemic Attack (TIA)
Diabetes/Gestational Diabetes	SLE/Lupus	Ulcerative Colitis (UC)

Note: Advanced diagnostic testing, biopsies, cardiac testing and other medical history may require an attending physician's statement. When attending physician's statements are ordered, we will require traditional underwriting.



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Questions and Answers

What is it?

Principal Accelerated Underwriting is a streamlined underwriting program that provides high-quality life insurance products to your customers with a faster and simpler underwriting experience. This innovative program uses data that can easily be obtained within 48 hours to eliminate the need for paramedical exams and lab testing for 40 to 50 percent of eligible applicants.

Which clients qualify?

- Ages 18-60
- Up to \$1 million in face amount
- No significant medical or non-medical conditions

What types of data are used?

The Principal Financial Group® uses MIB Inc., Motor Vehicle Reports (MVRs), prescription records and information collected during the TeleApp interview. The Principal® does not use information from companies who collect data for marketing purposes.

What are the advantages of this program?

- Faster underwriting approval (from TeleApp completion to decision) in as little as 48 hours
- Improved customer experience
- High-quality products and full commissions
- Super Preferred and Preferred risk classes (Standard for ages 18-19)

What happens if clients are not approved for Principal Accelerated Underwriting?

They simply revert back to the traditional underwriting process and requirements. To ensure no delays, The Principal can schedule the paramed appointment for you from Exam One, Portamedic or APPS. During TeleApp scheduling, please let us know if you would like us to order exams and which paramed you prefer.

If The Principal orders the labs and exams, how do I follow the status?

When the decision is made that we need a paramed appointment, we'll send you a message and then place an order with the paramed firm. Please make sure your client understands that an exam may be required. Our case coordinators will manage the status on your behalf and notify you if there are any delays. We provide a detailed update at least once a week.

Will some clients get a worse risk class than if they had gone through full underwriting?

No. We use exactly the same underwriting guidelines as we do for full underwriting.

Is there a chance the labs and exams might result in a worse underwriting class?

In most cases, your client's risk class won't change based on the labs/exams. But if the results are abnormal (e.g., high blood pressure, high cholesterol, liver function tests) the underwriter will re-evaluate the risk class based on the new information.

What kind of factors might result in my client not being approved?

- Our program is based on a statistical model. We studied applicants who have been approved for Super Preferred or Preferred in the past to understand what factors they have in common.
- 40 to 50 percent of applicants tend to have a high number of favorable factors, and we're able to approve them quickly without labs and exams. Other clients may have some favorable factors, but not enough to qualify for the streamlined process.
- Our process is designed to select the best candidates for Principal Accelerated Underwriting. Sometimes, a client may be in perfect health and will ultimately be issued as Super Preferred or Preferred. However, the client didn't have enough positive health factors to qualify for approval without an exam. Here are some factors we consider:
 - Family history
 - Build
 - Past medical history/medications
 - Driving, travel, hazardous sports, etc.
 - Tobacco history

Can I complete Part A of the application using your e-application?

Yes. If you are a subscriber to iGO/iPipeline®, we highly encourage use of our e-application for universal life and term cases. It highlights required fields in yellow. As you complete the application, sections of the form are shown or purposely hidden based on answers. Carrier-specific rules are also embedded, preventing any data entry mistakes that could cost you valuable time.

Will Principal Accelerated Underwriting work on replacement business?

Yes. Just make sure you submit the appropriate replacement forms for your state.

What should I tell my client about this process?

In discussions with sales representatives, we have found two strategies that work:

1. Under-promise and over-deliver:

- Once the client agrees to the purchase, complete the application and explain the next steps for underwriting just as you always have including that someone will contact them to schedule a paramed appointment.
- If the application is approved for Principal Accelerated Underwriting, share the good news. Tell the client, "Underwriting was able to approve you as Super Preferred/ Preferred without requiring a paramed appointment."
- If the applicant is not approved for Principal Accelerated Underwriting, he or she simply completes the traditional underwriting process, and no follow-up with the client is required.

2. All the cards on the table:

- Once the client agrees to the purchase, complete the application and explain the next steps for underwriting. Explain that The Principal has a new underwriting process that allows select clients to be approved without a paramed appointment. We submit the application to underwriting and complete the TeleApp interview. Then the underwriter reviews and lets us know if we need to schedule a paramed appointment.
- If the application is approved for Principal Accelerated Underwriting, share the good news. Tell the client, "Underwriting was able to approve you as Super Preferred/ Preferred without requiring a paramed appointment."
- If the applicant is not approved, the client simply completes the traditional underwriting process, and the paramed firm contacts the client to schedule the exam.

If my client is not approved, how much will the underwriter be able to share with me?

There are four reasons why a client may not be approved for Principal Accelerated Underwriting:

- The client didn't meet one of the basic program parameters such as age, amount, product, etc.
 - The underwriter found additional information on the TeleApp or other underwriting requirements that requires a paramed exam (e.g., MIB Inc. code, medication on prescription check, etc.).
 - The Principal Accelerated Underwriting model score was not high enough to qualify for immediate approval. This simply means the client did not have enough positive risk factors to qualify for immediate approval. They still may be issued at Preferred or Super Preferred rates, but we need an exam/blood profile to complete the evaluation.
 - The case was chosen as part of our random hold-out group.
- The underwriter can explain the reasons when he or she notifies you it has not been approved.

Is there anything else I need to know?

- To monitor quality and ensure solid mortality results, a small, random sample of applicants who qualify for Principal Accelerated Underwriting will go through full, traditional underwriting. We're very pleased to offer this exciting new underwriting program that will allow us to streamline the underwriting process for many clients. The random sample is designed to ensure we are able to meet our mortality results and continue to offer this program for many years.
- Our maximum issue age is 60, but approval rates tend to be better for younger clients. Older clients often take medications and may be more likely to have health history that will require a paramed exam, lab or APS. In our early tests, we found that a higher percentage of applicants qualified at ages 18-50 versus 51-60. But we still expect at least 25 percent of applicants aged 51-60 to qualify.

Is there a special application for Principal Accelerated Underwriting?

No. Please use the same application you would for any life insurance request.

Which team will process Principal Accelerated Underwriting applications?

We're using our Express team because they are positioned for speed, which is important for the program's success.

Why is the TeleApp interview required for Principal Accelerated Underwriting?

- Our new program is dependent on data, specifically the data we obtain through our in-house TeleApp interview.
- The Principal was one of the first companies to develop TeleApp in 1997. All of our interviewers are housed in our Des Moines, Iowa headquarters. You can feel comfortable that your clients will experience a professionally conducted interview.

Can you tell me about the **immediate** TeleApp process?

Principal Accelerated Underwriting is designed so we can issue in the shortest amount of time. Completing the interview immediately eliminates delays. The TeleApp counselor will ask the sales representative a few questions including whether they have a preferred paramed. If an exam is required, this allows us to immediately order it, which helps eliminate possible delays. At this point, you can hand the phone to the client, and we'll take it from there.

How do I order a TeleApp interview?

The BGA may schedule the TeleApp interview for the broker. If you prefer to order yourself, please follow the instructions below.

Schedule by phone:

- Call 1-888-Teleapp (1-888-835-3277), Option 3, to set up the telephone interview for your client.
- You can have the client complete an interview immediately, or you can schedule a future appointment. Make sure you tell the interviewer that this is a Principal Accelerated Underwriting application.
- Provide basic information such as client name, face amount, etc.
- The interviewer will ask if you would like us to order the exam for you and your preferred paramed company (Exam One, APPS, Portamedic).
- At this point, we can complete the interview with the client immediately. This is the best way to guarantee fast turnaround. Either hand the phone to the client, or ask the interviewer to call the client back on his or her phone.
- If an immediate interview doesn't work for the client, please schedule a specific appointment that is more convenient.

Web Scheduler:

- Access the [Web Scheduler](#).
- Choose the TeleApp Web Scheduler link.
- Sign in. (If you need to obtain a user id and password, please contact us at 1-800-851-3343, Option 5.)
- Answer "yes" to the question that asks whether this is a Principal Accelerated Underwriting case.
- Indicate how you would like lab ordering handled if the case does not qualify for Principal Accelerated Underwriting.

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Chris D. Callen, Insurance Agent
"Helping Professionals Nationwide"

Tel: (800) 288-6578 Email: help@cdcallen.com Web: www.cdcallen.com
123 County Line Road West, Suite B, Westerville, Ohio 43082

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Chris D. Callen, Insurance Agent

128 County Line Road West, Suite B ♦ Westerville, Ohio 43082 ♦ (800)-288-6578

License: CA #0B42211 ♦ FL #29544914 ♦ MN #20097131 ♦ UT #101190

Web: www.cdcallen.com

E-Mail: cdecallen@cdcallen.com

Mandatory Insurance Required by Loan Institution

The representative from the loan institution that is securing your business financing has asked me to contact you to provide you with information regarding the specialized insurance collateral assignment program we have developed for professionals across the United States. In order to secure your financing you will be required to purchase and or assign existing life or disability income insurance to the institution to protect them in the event of your death and/or disability. This is a routine transaction required by most lending institutions for an individual to obtain a business note.

Our firm has been providing comprehensive insurance planning for dentists across the United States for over 26 years. We are an independent insurance agency with no ties to any specific company. We are licensed in all states except Hawaii. Our insurance planning system, *The Focus Strategy Approach*, has been recognized by *Dental Economics* (three-part series in 1998), *The Profitable Dentist*, *The Richards Report*, and many other practice management organizations throughout the country. We also provide the insurance analysis for several of the nation's leading fee-based CPA/Financial Planning firms for medical professionals. You may gain further information about us at our website: www.cdcallen.com.

What we have developed for the practice acquisition client is the availability of a unique, streamlined approach to get the desired coverage in place in a minimal time frame. If you respond to our requests in an expedient time frame, we usually can have the required insurance coverage in force within 30-45 days. This is about **half the time** it normally takes to get policies issued. It is customary for many loan institutions to hold up closing on your loan until this insurance is in place. You should check with your representative to see what their exact requirements are. Some institutions will allow you to close—without the insurance in place—providing we furnish them with a letter stating that you have applied for the insurance. Under this method, they will usually offer you a period of time after the closing to have the insurance in place.

One of the key features of our service is a disability income insurance product that satisfies the loan institution's needs and does not take away from your personal or business overhead disability income maximum limits. This product's benefit (payment) period is identical to the loan term and reduces annually to match the remaining loan balance. Because of the reducing factor, the cost is much less than that of traditional disability income insurance. This product—in combination with our connections with over 200 term life companies—allows us to provide you with the lowest cost solution to the financing company's mandatory insurance needs.

If you intend to assign your personal disability income insurance policy rather than purchase a new policy, that specifically covers loans, you need to be aware of the following facts. Many times the monthly loan obligation assumes all or nearly all of your monthly benefit limit. Therefore, if you become disabled, your loan institution will get paid your entire monthly benefit to cover the loan obligation. You will face living off your investments, family or friends, or even face bankruptcy as there will be no income for personal expenses. It is usually best to purchase a specific policy dedicated to the loan institution.

Also, many times, the monthly note obligation is substantially higher than what any insurance company will let you have with a personal disability income policy. Here again, this is a good reason to look at your special loan policy. With our loan-specific disability income policy you may purchase coverage for all of your note up to a maximum of \$33,000 per month without affecting the limits of your personal disability income insurance.

A word about life insurance. If you currently hold life insurance in an irrevocable trust or family limited partnership, it is generally not recommended that you assign those policies to a loan institution. Normally, this could void the trust or partnership agreement. You should check with your legal counsel prior to making this decision if this situation pertains to you. We normally recommend purchasing a term life policy with a guarantee payment period that expires as close to the date of the finish of your loan payments as possible. If your note is for over five years, you should consider guaranteed level term life. If your note is for less than five years, you should consider annual renewable term life. In no circumstances would we ever recommend the purchase of a permanent type of life insurance (whole life / universal life) for this type of insurance need.

Many of you are taking over an existing practice. If this is the case, you should be considering the purchase of business overhead disability insurance to offset the monthly expenses to run your practice. The average amount of need—in our client base—for this type of product is generally between \$15,000 and \$25,000 per month. **Please be aware that your office fire and theft policy will not pay you in the event of a disability.** A business overhead disability policy will reimburse you for these expenses following a selected waiting period of 30 to 90 days and will pay a benefit for either 12 or 24 months. This policy is eligible as a business deduction so the net cost to the practice is minimal. If you would like us to quote you a business overhead disability income policy for your new practice, please let us know. All we will need to do this is a copy of the most current Profit & Loss statement from their accountant or even just a previous year-to-date print-out from their in-house accounting software.

If you are need of a referral to obtain malpractice, Worker's Compensation or business office policy insurance, please let us know and we will refer a leading company to help you gain this coverage.

If you would like to take advantage of our entire service and receive a complete *Focus Strategy Approach* review, please let us know. All we'll need, in addition to the completed questionnaire included with this letter—are copies of all your current insurance policies, including any current statements, and a copy of your most recent personal and/or business taxes.

What is the Next Step?

1. If you wish to take advantage of our free service to help you obtain collateral assignment insurance for your loans, please fill out our Health & Lifestyle Questionnaire from the link at the end of this page. It is labeled *Practice Acquisition Questionnaire*. Please complete this form and fax or mail back to us as your earliest convenience. In order to get your policy(s) on a rush basis, it is imperative that we know all of the information requested in the form. All of the information is necessary to provide you with accurate cost comparisons, and to alert us to any stumbling blocks that may enter into the picture. If we are aware of these stumbling blocks ahead of time, we are in a much better position to make the necessary adjustments with the carriers in a timely manner. This will only help you in closing your loan faster. Please be honest with us regarding your health history. The worst thing that could happen would be for us to be aware of a known medical condition up front and subsequently submit application(s) with that information included.



Chris D. Callen
Insurance Agent

**HEALTH & LIFESTYLE
PRACTICE FINANCING
QUESTIONNAIRE**

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Phone 800-288-6578

Fax 614-899-2561

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Email: cdcallen@cdcallen.com

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We recommend using overnight mail service when returning your documentation.

QUOTING REQUIREMENTS

**Please return this entire questionnaire with the following information
(if not already provided by your loan officer)**

1. The enclosed **Insurance Shopping Private Information Release and Health & Lifestyle Questionnaires**.
2. A **FULL** copy of your most recent taxes to include both your personal and business return. Also, please send us your most current year-to-date profit and loss statement either from your accountant or from your office computer system. Also, please be sure to provide a copy of any **W2s for you and your partner/spouse**, if you have them, as we will need to distinguish between your income and your partner/spouse income. Disability insurance carriers require these in order to apply.
3. A copy of your **loan agreement** and/or a copy of your **purchase agreement**.
4. If you are buying a new practice we will need a copy of the former owner's business taxes (Schedule C or form 1120) for the most recent tax year. This will be necessary to obtain business disability income insurance to cover your loan payment.
5. The attached questionnaires for **back problems, aviation and/or scuba diving, where appropriate**.
6. The attached **property and casualty questionnaire** (only if you wish a quotation for this product).
7. If you have a medical history, include **copies of all your medical records—from all sources—for the past five years**.

LOAN SPECIFICS TO OBTAIN QUOTATION

Lender's contact name	
Lender's phone number	
Lender's loan number	
The following contact information is	<input type="checkbox"/> Home <input type="checkbox"/> Business
Client's name	
Client's address	
Client's city/state/zip	
Client's telephone number	
Office contact	
Preferred fax number	
Client's email	

LOAN INFORMATION:	
Amount	\$
Term	\$
Rate	\$
Payment amount	\$
Purpose of loan	
Insurance need date	

PLEASE ATTACH:

<input type="checkbox"/> Copy of loan agreement
<input type="checkbox"/> Copy of client's 1040
<input type="checkbox"/> Copy of client's business taxes
<input type="checkbox"/> Copy of previous owner's business taxes
<input type="checkbox"/> Other

BANK REQUIREMENTS

Reducing term disability @ 80% of payment	
Business overhead disability @ 20% of payment	
Term life insurance amount	\$
Term period	<input type="checkbox"/> 5 years <input type="checkbox"/> 10 years <input type="checkbox"/> 15 years <input type="checkbox"/> 20 years

CONFIDENTIAL CONCERNS:

Call client prior to faxing questionnaire	<input type="checkbox"/> Yes <input type="checkbox"/> No
Okay to fax questionnaire directly to client without phoning first	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mail questionnaire to client: do not fax	<input type="checkbox"/> Yes <input type="checkbox"/> No
Client already has questionnaire and will complete and return	<input type="checkbox"/> Yes <input type="checkbox"/> No

ADDITIONAL COMMENTS:

Note - If You Wish To Have Us Complete This Form For You Please Call Our Office & We Will Set A Time To Collect By Telephone

CLIENT INFORMATION

Occupation/Specialty:	
Number of years in occupation/business	
Net worth	\$
Taxable income this year	\$
Taxable income last year	\$
Taxable income two years ago	\$
Do you have another source of income? If yes, please list	<input type="checkbox"/> YES <input type="checkbox"/> NO
Qualified plan (pension/profit sharing) contribution for YOU last year	\$
Have you ever declared bankruptcy?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, what year was it discharged?	
What percentage of the new practice are you purchasing?	
Are you just refinancing?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Will you provide us with a copy of the current owner's most recent business taxes? (necessary)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Will you provide us with a copy of your purchase agreement? (necessary)	<input type="checkbox"/> YES <input type="checkbox"/> NO
How do you pay for your current disability income and life insurance policies?	<input type="checkbox"/> ANNUALLY <input type="checkbox"/> QUARTERLY <input type="checkbox"/> MONTHLY
Have you ever had a life or disability income policy rated, or had specific coverage excluded?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have another source of income?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, how much?	
Have you ever had a life or disability income policy rated or had specific coverage excluded? If yes, please provide details: type of policy, when occurred and for what reason inn the <i>remarks section</i> .	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you covered under any type of group disability insurance?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is it elective? (if yes, provide details)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you now, or have you ever had, long-term care insurance?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, please provide these details:	
• Company name	
• Current annual premium	\$
• Has the policy premium increased since inception?	<input type="checkbox"/> YES <input type="checkbox"/> NO
• Policy daily benefit amount	\$
• Waiting period	days
• Cost of living included (COLA)?	\$
• Rate or exclusion riders? If yes, please explain)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Number of years until reaching financial independence	
Do you have a will?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you a pilot? Do you scuba dive? Do you race cars? If yes, please fill out specific form(s), which follow.	<input type="checkbox"/> YES <input type="checkbox"/> NO
Number of traffic tickets in the last five years. Include any alcohol-related accidents.	
Do you need a quotation for your office contents/malpractice/Worker's Compensation?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you or any other dentist in your practice have a latex glove allergy? If yes, please give details.	<input type="checkbox"/> YES <input type="checkbox"/> NO

Note - If Spouse Is To Also Be Insured Please Copy & Have Them Also Complete

HEALTH & LIFESTYLE QUESTIONS REQUIRED FOR INSURANCE REVIEW

Please note that all information received from you is strictly confidential! By law, we cannot share or dispense your personal information to anyone without your written consent.

IN ORDER TO RECEIVE YOUR COMPARATIVE ANALYSIS, YOU WILL NEED TO PROVIDE US WITH ALL OF THE REQUESTED DOCUMENTATION LISTED IN THIS FORM.

If you have any questions please call us. It normally takes about seven business days to complete your request. We'll call you when your analysis is complete and set a teleconference time to review your analysis with one of our representatives.

FULL LEGAL NAME: _____ MALE FEMALE

Home mailing address, including City/ State/ Zip

Years at current address

Business mailing address City/ State/ Zip

Birth date

State of birth

Driver's License number and issuing state

Social Security number

Home phone

Business phone

Mobile phone

Private fax number

E-mail address

Preferred mailing address HOME BUSINESS

Preferred phone contact HOME BUSINESS MOBILE

Best time to call you

Percentage of ownership

Business type C-CORP LLC: PARTNERSHIP

S-CORP SOLE PROPRIETOR

LLC ASSOCIATE

Are you a US Citizen? YES NO

If no, what type of Visa do you have?

If you need to provide details for any questions, please do so in the REMARKS SECTION

In order to provide you with an accurate insurance analysis, please return this entire packet with the requested documentation. You may scan it and email it to us at leads@cdcallen.com, FAX to 614-899-2561, or send it by overnight mail to our office. We will immediately scan and return any original documents you send to us.

Please give detailed answers to the questions below in the REMARKS SECTION on page 8.

In order to provide you with an accurate insurance analysis, please return this questionnaire with the requested documentation listed below. You may scan it and send to us at leads@cdcallen.com, FAX to 614-899-2561, or send it by overnight mail to our office. We will immediately scan and return any original documents you send to us.

By providing us this information initially, we can normally accurately predict the correct policy rating and premium. We can account for any roadblocks and save you time and effort should a condition or lifestyle condition prevent you from obtaining a standard-issue policy.

	YES	NO	
1.	<input type="checkbox"/>	<input type="checkbox"/>	Any disease or disorder of eyes, ears, nose or throat?
2.	<input type="checkbox"/>	<input type="checkbox"/>	Dizziness, fainting, convulsions, head injury, headaches, speech defect, paralysis or stroke, tremor, muscle weakness, depression, or other mental or nervous disorder?
3.	<input type="checkbox"/>	<input type="checkbox"/>	Shortness of breath, persistent hoarseness or cough, blood spitting, bronchitis, pleurisy, asthma, emphysema, tuberculosis or chronic respiratory disorder?
4.	<input type="checkbox"/>	<input type="checkbox"/>	Chest pain, palpitations, high blood pressure, rheumatic fever, heart murmur, varicose veins, phlebitis, or other heart or blood vessel disorder?
5.	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis, ulcer, hernia, colitis, diverticulitis, recurrent indigestion, or other disorder of the stomach, intestines, liver, gall bladder, pancreas, or spleen?
6.	<input type="checkbox"/>	<input type="checkbox"/>	Sugar, albumin, blood or pus in urine, sexually transmitted or venereal disease, stone or other kidney, bladder, bladder prostate or reproductive organ disorder?
7.	<input type="checkbox"/>	<input type="checkbox"/>	Allergies, anemia, bleeding tendency or other disorders of the blood?
8.	<input type="checkbox"/>	<input type="checkbox"/>	Neuralgia, neuritis, sciatica, rheumatism, arthritis, gout, or disorder of the muscles or bones including the spine, back and joints?
9.	<input type="checkbox"/>	<input type="checkbox"/>	Disorder of the skin or lymph glands, cyst, tumor or cancer?
10.	<input type="checkbox"/>	<input type="checkbox"/>	Persistent fever, night sweats, chills and/or diarrhea?
11.	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes, thyroid or other endocrine disorder?
12.	<input type="checkbox"/>	<input type="checkbox"/>	Diagnosis or treatment for AIDS by a member of the medical profession?
13.	<input type="checkbox"/>	<input type="checkbox"/>	Any well care or annual exams within the past 10 years?
14.	<input type="checkbox"/>	<input type="checkbox"/>	Any mental or physical disorder not listed: had or been advised to have any checkup, consultation, illness, injury, hospitalization, treatment or surgery including an EKG, X-ray, or other diagnostic test not already listed?
15.	<input type="checkbox"/>	<input type="checkbox"/>	Is any person proposed for insurance receiving treatment or taking any medication?
16.	<input type="checkbox"/>	<input type="checkbox"/>	Ever been advised by a physician to quit using tobacco for health reasons?
17.	<input type="checkbox"/>	<input type="checkbox"/>	Any tobacco product use? If so, what? (Cigarettes, pipes, chewing tobacco, cigars, etc.)
18.	<input type="checkbox"/>	<input type="checkbox"/>	Have you, in the past three years, flown or have plans to fly as a pilot, student pilot or crew?
19.	<input type="checkbox"/>	<input type="checkbox"/>	Traveled, resided, or plan to travel or reside outside the USA?

	YES	NO	
20.	<input type="checkbox"/>	<input type="checkbox"/>	Ever been convicted of a felony?
21.	<input type="checkbox"/>	<input type="checkbox"/>	Had two or more moving violations in the past three years, been convicted of driving while intoxicated, or ever had a license suspended or revoked?
22.	<input type="checkbox"/>	<input type="checkbox"/>	In the past three years engaged in, or intend to engage in sky or scuba diving, hang gliding, rock climbing, or any form of motorized racing? If so, please fill out accompanying form.
23.	<input type="checkbox"/>	<input type="checkbox"/>	Received advice or treatment from a member of the medical profession for the use of alcohol or drugs, or been convicted of using, selling, or possessing any narcotics, stimulant, sedative, or hallucinogenic drug in the past 10 years?
24.	<input type="checkbox"/>	<input type="checkbox"/>	Ever seen a chiropractor or any physician for any maintenance or back-related problems?
25.	<input type="checkbox"/>	<input type="checkbox"/>	Ever have a net worth of over \$2,000,000?
26.	<input type="checkbox"/>	<input type="checkbox"/>	Ever been declined for insurance, had a policy rated, modified in any way or denied reissue, reinstatement or renewal of a policy?
27.	<input type="checkbox"/>	<input type="checkbox"/>	Please state: Height _____ Weight _____
28.	<input type="checkbox"/>	<input type="checkbox"/>	Gained or lost weight in the past year? Please list the amount and the reason.
			<p>Please provide name and address of regular physician.</p> <p>Name _____</p> <p>Address _____</p> <p>Phone _____ Fax _____</p>

FAMILY INFORMATION

Your immediate family's medical history enters into the insurance company's decision process. Have any members had cancer, serious heart disorders or serious circulatory disorders?

CLIENT FAMILY HISTORY

	Age if living	Age at death	Cancer History:		Heart or circulatory disorder?
Mother			<input type="checkbox"/> No <input type="checkbox"/> Yes, since age _____	Type	<input type="checkbox"/> No <input type="checkbox"/> Yes, since age _____
Father			<input type="checkbox"/> No <input type="checkbox"/> Yes, since age _____	Type	<input type="checkbox"/> No <input type="checkbox"/> Yes, since age _____
Siblings			<input type="checkbox"/> No <input type="checkbox"/> Yes, since age _____	Type	<input type="checkbox"/> No <input type="checkbox"/> Yes, since age _____
Siblings			<input type="checkbox"/> No <input type="checkbox"/> Yes, since age _____	Type	<input type="checkbox"/> No <input type="checkbox"/> Yes, since age _____

SPOUSE FAMILY HISTORY

	Age if living	Age at death	Cancer History:		Heart or circulatory disorder?
Mother			<input type="checkbox"/> No <input type="checkbox"/> Yes, since age _____	Type	<input type="checkbox"/> No <input type="checkbox"/> Yes, since age _____
Father			<input type="checkbox"/> No <input type="checkbox"/> Yes, since age _____	Type	<input type="checkbox"/> No <input type="checkbox"/> Yes, since age _____
Siblings			<input type="checkbox"/> No <input type="checkbox"/> Yes, since age _____	Type	<input type="checkbox"/> No <input type="checkbox"/> Yes, since age _____
Siblings			<input type="checkbox"/> No <input type="checkbox"/> Yes, since age _____	Type	<input type="checkbox"/> No <input type="checkbox"/> Yes, since age _____

	Height	Weight	Weight loss or gain over the past year; please list reason
Client			
Spouse			