



ROCKY MOUNTAIN  
INSURANCE NETWORK

## CLIENT NEXT STEPS

Congratulations on your purchase of life insurance! Here are the next steps:

Within the next few days, expect a call from our team within **Insure NOW Direct**. They are experts in the process to get your policy in force as quickly as possible. To do that, we also need your help.

1. As shared above, you will be called to confirm health and lifestyle, complete the application, and arrange for a medical examination. Prior to your tele-interview, please complete Applicant PreInterview Worksheet. It may feel like some of these questions are repetitive and indeed, some are that way by intent. Please understand this is a necessary part of the process.

2. If an exam is required, we'll share the completed application with the examiner so they can obtain your signature. Please be prepared to:

Review and sign your application.

Provide information on existing life insurance in force including the name of the carrier, policy number, issue date and amount of coverage.

Provide the Date of Birth and Social Security number of your beneficiaries.

3. Most applications for insurance do not involve paying a premium, nor do you have coverage, until the policy is received and funded. If you decide you want temporary insurance during the underwriting period, please let us know and we'll guide you through the process.

4. Underwriting will take 30-60 days from the time the exam has been completed, depending on how quickly your doctors' office provides the requested medical history.

5. Once underwriting is finalized, your agent will be notified and the policy will be sent to the agent on file.

6. If you have any questions, please call the **Insure NOW Direct** at (855) DROP-TIK | (855) 376-7845.

**WE APPRECIATE YOUR BUSINESS!**

# APPLICANT PREINTERVIEW WORKSHEET



Please complete this worksheet prior to your Part One Tele-Interview with Insure NOW Direct. Preparing for your interview helps ensure it will go quickly. *Once complete, please keep this in a secure place or shred.*

Applicant Name: \_\_\_\_\_  
 Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**CITIZENSHIP** - *If you are not a citizen, you need to provide information on your Green Card/Permanent Resident Card or Visa.*

Number: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**FINANCIALS, DRIVING AND MISCELLANEOUS**

Annual Income - Individual: \$ \_\_\_\_\_

Total Assets: \$ \_\_\_\_\_ Total Liabilities: \$ \_\_\_\_\_ Total Networth: \$ \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ Issue State: \_\_\_\_\_

Any moving violations?  Yes  No Convicted of a felony or misdemeanor?  Yes  No

Violation: \_\_\_\_\_ Date of Occurrence: \_\_\_\_\_  
 State and County: \_\_\_\_\_ Current Status: \_\_\_\_\_

**PRIMARY CARE PHYSICIAN**

Primary Care Physician Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Date of Last Visit: \_\_\_\_\_

**FOREIGN TRAVEL**

Foreign Travel in the Past 5 Years:  Yes  No

Destinations - Cities and Countries: \_\_\_\_\_

Dates: \_\_\_\_\_ Duration: \_\_\_\_\_

Future Travel in the Upcoming 2 Years:  Yes  No

Destinations - Cities and Countries: \_\_\_\_\_

Dates: \_\_\_\_\_ Duration: \_\_\_\_\_

**EXISTING INSURANCE** - *List every insurance policy, annuity contract or long-term care policy in-force AND applied for, but not yet issued.*

Company	Policy Number	Issue Date	Face Amount	Replacing	
				Yes	No
				Yes	No

**OWNER, IF OTHER THAN INSURED** - *If you are not the owner of this policy, you need to provide the following information for the owner:*

Owner Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Relationship to Insured: \_\_\_\_\_ SSN or TIN: \_\_\_\_\_

Owner Address: \_\_\_\_\_

**TRUST** - *If trust owned, you need to provide the following information:*

Trust Name: \_\_\_\_\_ Date of Trust: \_\_\_\_\_

Trustee(s): \_\_\_\_\_ Trust TIN: \_\_\_\_\_

**BENEFICIARIES**

	Primary Beneficiary (1)	Primary Beneficiary (2)	Primary Beneficiary (3)
Name:			
Date of Birth:			
Address:			
Phone Number:			
SSN or TIN:			
Relationship:			
Trust Name:			
Trustee Name:			
Date of Trust:			
Share Percentage (Equal to 100%):			