

## Annual Premiums for \$1,000,000 of **10 Year** Level Term Coverage

Age	Male			Female		
	Preferred Nonsmoker	Standard Nonsmoker	Standard Smoker	Preferred Nonsmoker	Standard Nonsmoker	Standard Smoker
25	\$312	\$529	\$1,050	\$239	\$427	\$600
30	\$312	\$529	\$1,060	\$239	\$436	\$770
35	\$329	\$533	\$1,490	\$277	\$437	\$1,190
40	\$440	\$734	\$2,100	\$379	\$639	\$1,750
45	\$714	\$1,170	\$3,400	\$610	\$939	\$2,720
50	\$1,103	\$1,867	\$5,611	\$913	\$1,395	\$3,145
55	\$1,669	\$2,887	\$8,345	\$1,350	\$2,006	\$5,178
60	\$2,834	\$4,452	\$12,720	\$2,024	\$2,981	\$8,355
65	\$5,328	\$7,911	\$20,385	\$3,245	\$4,606	\$12,425

## Annual Premiums for \$1,000,000 of **20 Year** Level Term Coverage

Age	Male			Female		
	Preferred Nonsmoker	Standard Nonsmoker	Standard Smoker	Preferred Nonsmoker	Standard Nonsmoker	Standard Smoker
25	\$491	\$759	\$1,350	\$372	\$580	\$890
30	\$511	\$779	\$1,600	\$391	\$640	\$1,210
35	\$543	\$888	\$2,590	\$451	\$687	\$1,810
40	\$763	\$1,233	\$3,360	\$630	\$975	\$2,689
45	\$1,257	\$1,992	\$5,650	\$952	\$1,532	\$4,629
50	\$1,942	\$3,075	\$9,080	\$1,441	\$2,228	\$6,390
55	\$2,990	\$5,230	\$14,121	\$2,239	\$3,519	\$9,617
60	\$5,335	\$8,679	\$20,484	\$3,712	\$5,737	\$14,280
65	\$10,579	\$16,474	\$23,325	\$6,974	\$10,602	\$22,134

## Annual Premiums for \$1,000,000 of **30 Year** Level Term Coverage

Age	Male			Female		
	Preferred Nonsmoker	Standard Nonsmoker	Standard Smoker	Preferred Nonsmoker	Standard Nonsmoker	Standard Smoker
25	\$809	\$1,257	\$2,130	\$555	\$938	\$1,750
30	\$839	\$1,390	\$2,250	\$669	\$1,000	\$1,770
35	\$918	\$1,569	\$3,300	\$769	\$1,232	\$2,710
40	\$1,321	\$2,230	\$5,060	\$1,065	\$1,707	\$4,240
45	\$2,198	\$3,623	\$8,230	\$1,596	\$2,583	\$6,690
50	\$3,483	\$5,620	\$13,180	\$2,462	\$4,114	\$10,025
55	\$6,517	\$8,955	N/A	\$4,292	\$7,176	\$15,925

\* Rates provided are as of 3/2019, subject to change and do not represent any specific insurance company. Insurance age, overall health and underwriting process will determine actual rate class.



# Life Underwriting Prescreen

ADVISOR NAME: \_\_\_\_\_

PHONE/EMAIL: \_\_\_\_\_

CLIENT NAME: \_\_\_\_\_

STATE: \_\_\_\_\_

COVERAGE AMOUNT DESIRED: \_\_\_\_\_

YRS COVERAGE NEEDED: \_\_\_\_\_

1. What is your date of birth? \_\_\_\_\_
2. Have you used any nicotine products in the last 6 yrs? \_\_\_YES \_\_\_NO  
If **YES**, please provide type of product (cigarette, cigar, chew, pipe, vape, marijuana, etc.), frequency/ amount used, length of use, date last used: \_\_\_\_\_
3. What is your height \_\_\_\_\_ weight \_\_\_\_\_? Weight loss over last 12 months \_\_\_\_\_ (lbs)?
4. Provide current readings(& date) if known: \_\_\_\_\_ Blood Pressure \_\_\_\_\_ Cholesterol \_\_\_\_\_ Chol/HDL Ratio
5. Are you taking any medications? If so, please provide name of medication, dosage, frequency and reason prescribed:  
\_\_\_\_\_  
\_\_\_\_\_
6. Have you ever had, or do you now have, any of the following (**additional information may be requested**):  
\_\_\_Cancer \_\_\_HIV \_\_\_Hepatitis \_\_\_Heart Problems \_\_\_Stroke \_\_\_Mental Health Problems  
\_\_\_Alcoholism \_\_\_DUI \_\_\_Diabetes \_\_\_Any other serious disease (specify): \_\_\_\_\_  
**Please provide details (date of diagnosis, stage/grade if cancer, treatment, last date of treatment, etc.):**  
\_\_\_\_\_  
\_\_\_\_\_
7. Do you have a primary care physician? \_\_\_YES \_\_\_NO Date of last visit \_\_\_\_\_? Date of last physical \_\_\_\_\_?
8. Has any of your immediate family (siblings, mother, father) passed away prior to age 60? \_\_\_YES \_\_\_NO  
If **YES**, was it due to cancer, heart disease, or stroke? \_\_\_YES \_\_\_NO. Please provide details & age of death & diagnosis:  
\_\_\_\_\_
9. Has any of your immediate family had cancer, heart problems, stroke or diabetes prior to age 60? \_\_\_YES \_\_\_NO  
If **YES**, please provide details- relationship, age of diagnosis, age of death/current age if living: \_\_\_\_\_
10. Have you ever been rated or declined for insurance? If so, provide details (date, reason, rate class, etc.):  
\_\_\_\_\_
11. Do you participate in any special activities (aviation, scuba, rock climbing, motorcycle racing, etc.), recently traveled to a foreign country, or have current plans to do so? \_\_\_YES \_\_\_NO **If YES, additional information will be requested.**
12. How many moving violations do you have in the past five years? \_\_\_\_\_ Please provide dates/details:  
\_\_\_\_\_  
\_\_\_\_\_

**\* Provide any additional information on a second page**  
**Please fax or email to 260.207.9184 or [rob@intinsconsulting.com](mailto:rob@intinsconsulting.com)**