



CLIENT SUITABILITY SHEET



CLIENT INFO

Name: _____ State: _____ Social: _____
DOB: _____ Phone #: _____ Email: _____

BENEFICIARY

Primary 1: _____ Relationship: _____
Primary 2: _____ Relationship: _____
Contingent: _____ Relationship: _____

MAIN CONCERN

☐ Burial ☐ Cremation ☐ Yes ☐ No Amount: \$ _____ Duration: _____

EXISTING COVERAGE

INCOME

Occupation: _____ Monthly Income: \$ _____
☐ Working ☐ Retired ☐ Disabled Left-over Income: \$ _____

BANK DISCOUNT INFO

Bank: _____ State Opened: _____

SMOKER STATUS

☐ Smoker ☐ Non-smoker

CLIENT HEALTH

Circle each client's medical condition along w/ the medications.

MEDICAL CONDITIONS	MEDICATIONS
Heart Attack/Stroke	Month/Year: _____
Heart Issues	Plavix / Warfarin / Nitrostat / Nitroglycerin / Eliquis
Cancer (Last 2 years)	Remission: _____ Kind: _____
Diabetes	Metformin / Insulin
Neuropathy	Gabapentin
COPD	Inhaler / Oxygen
Anxiety/Depression	Prozac / Seroquel
Kidney/Liver	Failure / Dialysis
Hospitalized	Duration > 48 hours

Height: _____ Weight: _____

3 COVERAGE OPTIONS

Bronze: \$ _____ / Mo: \$ _____
Silver: \$ _____ / Mo: \$ _____
Gold: \$ _____ / Mo: \$ _____

BANKING INFORMATION

Eff. Date: _____ Re-occurring Date: _____ Routing #: _____ Acct #: _____

CHECKMATE

Card #: _____ Exp (MM/YY): _____ CVV: _____