



Thank you for trusting Dixon Wells with your life insurance application. Please use the information below to help understand the next steps in our process.

Each Carrier Process is slightly different but with the  DropTicket process, they all include a telephone interview with the life insurance carrier.

A client care representative will contact you soon for a confidential telephone interview. During this 30-minute interview, you will be asked several detailed questions to help determine your eligibility for life insurance. Please have ready the **dates of any recent visits to doctors or clinics, your physicians' names, the name and address of the clinics and any prescribed medicine, including dosage and frequency. Your driver's license number will also be needed.** Requests for higher amounts of life insurance coverage may also require certain financial information. All your personal data will be maintained with absolute confidentiality.

Paramedical Appointment

At the end of the telephone interview, you may be asked to schedule a basic paramedical exam. There is no cost to you for this examination. The exam can take place at your home or place of employment and includes your height and weight, blood pressure and pulse. Urine and blood samples are also needed. Depending on your age and medical history, an electrocardiogram (EKG) may be required.

Helpful Hints

- Prior to the paramedical appointment:
- Get a good night's sleep.
- Avoid drinking alcoholic beverages for at least 8 hours.
- Do not smoke or drink coffee for at least 1 hour before your appointment.
- Drink a glass of water 2 hours prior. This will help produce a urine sample.
- Try not to eat any food 2 hours prior. If possible, fast for 12 hours. This results in more accurate readings from your blood test.
- Advise the examiner of any medications you are taking.

Other Requirements

Based on your medical history and the amount of insurance requested, we may need to request additional information from your doctor or an investigative consumer or motor vehicle report.

Your Policy

Once all the information is collected, an underwriter will evaluate your life insurance application to determine your underwriting classification. Next, your agent will contact you regarding your life insurance eligibility based upon your application. If your application is approved, your agent will deliver your life insurance policy detailing your amount of coverage, duration of coverage and actual premiums calculated for your underwriting classification. The policy may be sent to electronically. Please watch your email and email spam box for an email. Please contact your life insurance agent with any questions about your life insurance policy.



QUESTIONS YOU MAY BE ASKED WHEN APPLYING FOR LIFE INSURANCE

Insurance History

Will this insurance replace any existing insurance or annuity?

Are you applying for or reinstating life insurance with any company?

Have you had life or health insurance declined, postponed, rated or issued with an increased premium?

Non-Medical

In the past five years, have you flown as a pilot, student pilot or crew member or do you intend to become a pilot?

In the past five years, have you participated in any activities such as motorized vehicle racing, SCUBA diving, mountain climbing, skydiving, extreme sports such as BASE jumping, bungee jumping or cave exploration, or do you intend to?

In the past five years, have you:

1. **Had your driver's license denied, suspended or revoked?**
2. **Been convicted of or pled guilty to driving under the influence of alcohol and/or drugs?**
3. **Been convicted of or pled guilty to any moving violations?**

Within the past 10 years, have you been arrested, convicted, or imprisoned for any crime and/or are you currently awaiting trial for any crime?

Do you plan to live or travel outside the United States within the next 12 months?

Have you ever used tobacco or other nicotine products such as cigarettes, cigars, pipe, chewing tobacco, snuff, nicotine gum or nicotine patch?

Family History

Have any immediate family members (mother, father, brother, sister) been diagnosed with or died from coronary artery disease, cerebrovascular disease, diabetes or cancer before age 70?

What is your father's current age or age at death?

What is your mother's current age or age at death?

Other

Depending on your situation and the type of coverage for which you are applying, you may be asked additional questions about you:

- **children**
- **family insurance**

Personal Physician Information

Physician Name: _____

Clinic Name: _____

Full Address: _____

Phone Date of last visit: _____

Reason for last visit: _____

Medical Information

Has a member of the medical profession ever treated you for or diagnosed you with:

1. **High blood pressure, chest pain, a heart attack, coronary artery disease, a heart valve disorder, a heart murmur, an irregular heartbeat, cerebrovascular disease, a stroke, circulatory disease, an aneurysm or any disease of the heart or blood vessels?**
2. **Anemia or other abnormality of the blood (other than HIV)?**
3. **A polyp, cyst, tumor, cancer, leukemia, melanoma, lymphoma or Hodgkin's disease?**
4. **Diabetes, high blood sugar, glucose intolerance or other endocrine disorder?**
5. **Anxiety, depression, or any other mental or psychiatric illness?**
6. **An infection caused by the Human Immunodeficiency Virus (HIV) Acquired Immune Deficiency Syndrome (AIDS), AIDS-Related Complex (ARC), or any other sexually transmitted disease?**
7. **Asthma, emphysema, cystic fibrosis, sleep apnea, sarcoidosis, tuberculosis or any other disorder of the lungs or respiratory system?**
8. **A seizure, epilepsy, multiple sclerosis, Parkinson's disease, muscular dystrophy, cerebral palsy, paralysis, Alzheimer's disease or any other disorder of the brain or nervous system?**
9. **An ulcer, hepatitis, cirrhosis, pancreatitis, ulcerative colitis, Crohn's disease or any other disorder of the esophagus, liver, stomach or intestines?**
10. **Nephritis, polycystic kidney disease or any other disorder of the bladder, kidney, urinary tract or prostate?**
11. **Arthritis, gout, back trouble, or any disease or disorder of the joints, muscles or bones?**



QUESTIONS YOU MAY BE ASKED WHEN APPLYING FOR LIFE INSURANCE

12. Lupus, rheumatoid arthritis, chronic fatigue syndrome, fibromyalgia, or any other disease or disorder of the autoimmune system?

Have you had or been advised to have treatment or counseling for alcohol or drug use or been asked to reduce or eliminate their usage?

Other than what has already been disclosed, within the past 5 years, have you:

Have you ever used:

- 1. Cocaine, crack, marijuana, heroin, Ecstasy, PCP, LSD, methamphetamine, any other hallucinogenic drug or controlled substance?**
- 2. Amphetamines, barbiturates, sedatives, opiates or methadone, or controlled substance except as prescribed by a physician?**

- 1. Requested or received disability or compensation benefits?**
- 2. Been a patient in a hospital or other medical facility, other than for normal childbirth?**
- 3. Had any other disease, disorder or condition?**
- 4. Been advised to have surgery, medical tests or diagnostic procedures (other than for HIV)?**

Are you currently receiving medical treatment or taking any other medication or herbal supplement that has not already been disclosed?

If your response is "yes" to any of the questions above: You will be asked to provide additional information including diagnosis, date of onset and recovery, medication/treatment prescribed and the name, address and telephone number of all attending physicians and hospitals. (Use the space below to record them.)

Question #	Date of Onset	Date of Recovery	Medication/Treatment Prescribed	Physician/Hospital Name Address & Phone Number