



# Raspberry Agency Ltd.

300 East Kingston Avenue  
P.O.Box 11859  
Charlotte, NC 28220  
704-372-2182  
www.raspberryagency.com

### PROPOSED INSURED INFORMATION:

Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ Male  Female   
Address \_\_\_\_\_  
Height \_\_\_\_\_ Weight \_\_\_\_\_ lbs. Occupation \_\_\_\_\_ U.S. Citizen  Yes  No  
Soc.Sec. # \_\_\_\_\_

### Requested Plan and Coverage

Type: Term  UL  WL  Face Amount \$ \_\_\_\_\_ Planned Premium \$ \_\_\_\_\_

### General Information:

1. Do you currently use tobacco products( including cigarettes, cigars, pipe, chew or nicotine patches or gum ? Yes  No  , if yes, please describe \_\_\_\_\_  
If No, and used previously, date of cessation, \_\_\_\_\_

#### 2. Family Health History:

	Age (living)	Age (deceased)	Heart or Coronary Artery Disease	Cancer
Father	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mother	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Brother(s)	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sister(s)	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

#### 3. Additional Information

Most recent Cholesterol and HDL readings Total Cholesterol \_\_\_\_\_ HDL ratio \_\_\_\_\_ Date \_\_\_\_\_  
Most recent Blood Pressure reading Systolic/ Diastolic \_\_\_\_\_ (ie: 128/ 82 )

### Medical History

Please describe any medical impairment for which you have received treatment. ( for treatment of Heart or Coronary Artery Disease, Cancer or Diabetes provide details in applicable section)

Personal Physician Contact info  
Date of last visit and reason

Other physicians Contact info  
Date of last visit and reason

Names and Address of Hospitals and Clinics visited in last 10 years.

Please list all current medications and dosages (ie: XYZ med 100 mgs x 2)

### Recent Underwriting Offers and Actions

Company	Date	Face Amount	Premium	Rating and Reason

**CANCER**

Type of cancer.....  
Location.....  
Staging.....  
Grading or copy of pathology report.....  
Any positive lymph nodes.....  
Depth, level, or Gleason Score.....  
Date of surgery.....  
Any radiation or chemo.....  
Yes No If yes, date treatment ended.....  
Any recurrence of cancer.....

.....  
Consulting Physician Info:.....  
.....  
.....

**DIABETES**

Date Diagnosed .....  
Treatment (oral meds, insulin, diet).....  
Units of insulin.....  
Names of medications.....  
Number of regular  
doctor visits per year.....  
Any other medical impairments or complications  
.....

Latest fasting blood  
sugar & date.....  
Latest glycol-hemoglobin (A1c)  
& date.....

Consulting Physician Info:.....  
.....  
.....

**CORONARY ARTERY DISEASE (CAD)**

1. Description of impairment: .....  
2. Age when diagnosed: .....  
3. Were corrective procedures done, such as bypass or angioplasty? No Yes When? .....  
If more than one, dates performed? .....  
How many vessels were involved? .....  
4. Was there a heart attack? Yes No  
Do you know your ejection fraction? .....  
5. Any current symptoms? Yes No If yes, please describe: .....

.....  
Date of most recent symptoms: .....  
Date of most recent stress EKG, echo, etc.: .....  
Date of most recent cardiologist visit:  
.....

Are your activities restricted in any way? Yes No If yes, give details: .....

Do you participate in a cardiac rehab or other exercise program? Yes No If yes, please describe:  
.....  
.....

Do you currently smoke? .....

**Additional Comments**

.....  
.....  
.....  
.....  
.....  
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**Proposed Insured:** \_\_\_\_\_

**Soc. Sec #** \_\_\_\_\_

**AUTHORIZATION TO OBTAIN AND DISCLOSE INFORMATION**  
(This authorization complies with HIPPA Privacy Rules)  
Provide a signed copy to the Proposed Insured

This authorization will permit Raspberry Agency, Ltd. to obtain and release nonpublic personal information about me, the proposed insured below, for the purposes of determining my eligibility for and obtaining insurance products and services from one or more of the insurers or other institutions ("the companies") listed below. Information that may be released to and disclosed by Raspberry Agency, Ltd and the companies listed below pursuant to this authorization shall include any and all information, the extent permitted by applicable law.

Information to be released pursuant to this authorization includes any personal health information, records or data concerning my past, present or future mental, physical, or behavioral health or conditions ("Information"), to the extent permitted by law. "Information" includes all information, records, or data relating to my: physical or mental history or condition, medical treatment, diagnosis, or prognosis, including medications prescribed to me; other insurance coverage(s); hazardous activities; general character and general reputation; finances, occupation, avocation, including any hazardous hobbies, driving records, aviation activities, and other personal traits.

I understand that this information may include results from blood, saliva, urine, and other tests. I further understand that this information may, if applicable, include information regarding diagnosis, prognosis, and treatment of: alcohol or drug abuse (including records protected under federal law, 42 CFR Part 2), serious communicable disease or infection, including sexually transmitted diseases, HIV infection, including medical tests results.

I authorize any physician, health care provider, health plan, medical professional, hospital, clinic, medical testing laboratory, pharmacy, pharmacy benefit manager, medical facility, insurance company, insurance support organization (such as MIB, Inc) or other health care provider that has provided payment, treatment or services to me or on my behalf ("My Providers"), consumer reporting agency, and any state Motor Vehicle Department to disclose the entire medical records and any other protected health information concerning me to release information about be to Raspberry Agency, Ltd, the companies referred below (the companies"), their agents, affiliates, employees, and third party representatives. I also authorize the MIB to release information directly to any company, provided the insurer is a member of the MIB.

I understand that information disclosed to Raspberry Agency, Ltd may have been subject to state and federal privacy laws and regulations. Once information is disclosed to Raspberry Agency, Ltd it may no longer be subject to those laws and regulations. I understand that if I refuse to sign this Authorization to release my complete medical records, Raspberry Agency, Ltd may not be able to process my request.

A photocopy of this authorization shall be as valid as the original. The authorization shall remain in force for 24 months following the date of my signature below, unless revoked by me in writing and written notice of the revocation is provided to Raspberry Agency, Ltd, 300 East Kingston Avenue, Charlotte, NC 28203. Alternatively, I may revoke this authorization by sending a written revocation directly to My Providers. Any action taken prior to the notice of revocation shall be valid.

I acknowledge that I have received a copy of this authorization.

\_\_\_\_\_  
**Signature of Proposed Insured or Authorized Representative**

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

If signed by Authorized Representative, describe authority (i.e. parent or guardian of a minor child, etc.) and relationship to the Proposed Insured. \_\_\_\_\_

\_\_\_\_\_  
Printed Name of Proposed Insured      Soc.Sec. #      \_\_\_\_/\_\_\_\_/\_\_\_\_  
D.O.B.

\_\_\_\_\_  
Address

\_\_\_\_\_  
Name of Agent

- |                   |                 |                   |                 |
|-------------------|-----------------|-------------------|-----------------|
| American General  | ING/Reliastar   | Lincoln Financial | Prudential      |
| American National | Integrity       | MetLife           | Sun Life        |
| AXA Equitable     | John Hancock    | Mutual of Omaha   | TransAmerica    |
| Banner Life       | Liberty/RBC     | Nationwide        | West Coast Life |
| Genworth          | Lincoln Benefit | NorthAmerican     |                 |