

# Pre-Qualify Your Client

Advisor:	Client:	Date
Benefit Amt: #1	#2	Anticipated Class
Height:      Weight:	DOB:      /      /	Type:      Term      Perm: UL      WL      IUL
Lost weight in last year?	( yes      ( no	How much:      lbs.
Tobacco use in any form	( yes      ( no	Form/frequency:
Recently stopped using tobacco	( yes      ( no	When:
Adverse Driving Record	( yes      ( no	Details:
Family hx of cancer/cardiac	( ) yes      ( no	If yes:
Family member:	Age:      or	Age of onset:
Cause of death:		Age at death:
Adopted	( ) yes      ( ) no	
High Blood Pressure?	( ) yes      ( ) no	If yes, current reading:
Elevated Cholesterol hx	( ) yes      ( ) no	If yes, current reading:
HDL reading or ratio:	Highest reading:	Treatment:
Ever been hospitalized?	( ) yes      ( ) no	
If yes, details:		
Any history of the following:	( Cancer      ( Diabetes      ( Heart      ( Sleep Apnea	
	( Alcohol/Drug abuse	
Any foreign travel plans?:	( ) yes      ( ) no	
If yes, details:		
US Citizen: ( ) yes      ( ) no		
Is the client a foreign national?:	( ) yes      ( ) no	
If yes, details:		
Any participation in aviation, scuba, or hazardous activities?:		
( ) yes      ( ) no	If yes, details:	
Aviation: IFR ( ) yes ) no      Solo hours ____ Hours for last 12 mths ____ Hours next 12 mths ____		
Has the client had a routine medical check-up within the past year?		
( ) yes      ( ) no	If yes, details:	
<b>List other illnesses, impairments:</b>		
<b>List all medication taken(PURPOSE/frequency/dosage):</b>		

**Send form to BBA Life Brokerage by email at [moremoney@bbalife.com](mailto:moremoney@bbalife.com)**

**or FAX to 877.747.4445/361.993.2734**