

## VERIFICATION OF COVERAGE

Insured: \_\_\_\_\_ Social Security No: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

- 1) Face amount of policy: \$ \_\_\_\_\_
- 2) Original date of issue: \_\_\_\_\_ 2a) State of issuance: \_\_\_\_\_
- 3) Is policy currently contestable? \_\_\_\_\_ No \_\_\_\_\_ Yes
- 4) Was face amount increased after original issue date: \_\_\_\_\_ No \_\_\_\_\_ Yes  
If yes, when: \_\_\_\_\_
- 5) At the time of application, was the insured required to have a medical or non-medical examination requiring bloodwork? \_\_\_\_\_ No \_\_\_\_\_ Yes
- 6) Is this policy a guaranteed issue policy? \_\_\_\_\_ No \_\_\_\_\_ Yes
- 7) Type of policy: (Circle one) Term Whole Life Universal Variable Other
- 8) Is this policy all or part of a 1035 exchange? \_\_\_\_\_ No \_\_\_\_\_ Yes
- 9) Can this policy be converted or rolled over? \_\_\_\_\_ No \_\_\_\_\_ Yes
- 10) If this policy can be converted, what is the final age, or date, for conversion? \_\_\_\_\_
- 11) If this policy can be converted, what type of policy would the conversion be? \_\_\_\_\_
- 12) Was this policy a result of a group policy conversion? \_\_\_\_\_ No \_\_\_\_\_ Yes
- 13) Is the policy participating? \_\_\_\_\_ No \_\_\_\_\_ Yes  
If yes, what is the current dividend election: \_\_\_\_\_
- 14) Current net death benefit: \$ \_\_\_\_\_ (Enter full amount payable, including any additional insurance and/or dividends accumulated, minus policy loans, outstanding interest on policy loans and/or accelerated death benefits)
- 15) Do the death benefit proceeds include the accumulated / cash value? \_\_\_\_\_ No \_\_\_\_\_ Yes
- 16) Current accumulated value: \$ \_\_\_\_\_
- 17) Current surrender value: \$ \_\_\_\_\_
- 18) Premiums / Deposits received by issuer to date: \$ \_\_\_\_\_
- 19) Terms of policy loans:
  - a. Amount of outstanding policy loan(s): \$ \_\_\_\_\_
  - b. Amount of outstanding interest on policy loan(s): \$ \_\_\_\_\_
  - c. Loan interest rate: \_\_\_\_\_ %
- 20) Current annual cost of insurance: \$ \_\_\_\_\_
  - a. Current annual policy expenses: \$ \_\_\_\_\_
- 21) Has policy ever lapsed: \_\_\_\_\_ No \_\_\_\_\_ Yes
  - a. If yes, when did policy lapse? \_\_\_\_\_

- 22) At what age / In what year does policy mature or endow? \_\_\_\_\_
- 23) Amount of **annual** premiums: \$ \_\_\_\_\_
- 24) Current premium mode: (circle one) Monthly    Quarterly    Semi-annually    Annually
- a. When is the next premium due: \_\_\_\_\_
- b. Indicate amount due: \$ \_\_\_\_\_
- c. Date premiums are paid to: \_\_\_\_\_
- 25) Does the policy include a Disability Premium Waiver provision / rider? \_\_\_\_\_ No    \_\_\_\_\_ Yes
- a. Has waiver been applied for?    \_\_\_\_\_ No    \_\_\_\_\_ Yes
- b. Has waiver ever been denied?    \_\_\_\_\_ No    \_\_\_\_\_ Yes
- c. Are premiums currently being waived?    \_\_\_\_\_ No    \_\_\_\_\_ Yes
- d. Premiums have been waived since what date? \_\_\_\_\_
- e. How often is continued eligibility reviewed? \_\_\_\_\_
- f. When is next review? \_\_\_\_\_
- 26) Can payment of all or part of the death benefit be accelerated?    \_\_\_\_\_ No    \_\_\_\_\_ Yes
- a. Has a claim for Accelerated Death Benefit ever been submitted?    \_\_\_\_\_ No    \_\_\_\_\_ Yes
- b. If yes, was payment made under this provision?    \_\_\_\_\_ No    \_\_\_\_\_ Yes
- c. Indicate amount paid: \$ \_\_\_\_\_ Date paid: \_\_\_\_\_
- 27) Provide name of current policy owner(s) as recorded: \_\_\_\_\_  
 \_\_\_\_\_
- 28) Does the policy allow for Absolute Assignment of Change of Ownership?    \_\_\_\_\_ No    \_\_\_\_\_ Yes
- 29) Are there any assignment(s), lien(s) or encumbrances on this policy?    \_\_\_\_\_ No    \_\_\_\_\_ Yes
- 30) Please identify current primary beneficiary(ies) and relationship to insured: \_\_\_\_\_  
 \_\_\_\_\_

Are beneficiaries named irrevocably, or is owner otherwise limited in designation of new beneficiaries?  
 \_\_\_\_\_ No    \_\_\_\_\_ Yes

- 31) Have any riders been added to this policy after issue?    \_\_\_\_\_ No    \_\_\_\_\_ Yes
- 32) Can additional insurance be purchased as a rider?    \_\_\_\_\_ No    \_\_\_\_\_ Yes
- If yes, must the insured meet evidence of insurability requirements?    \_\_\_\_\_ No    \_\_\_\_\_ Yes
- 33) Can the face amount of the policy be increased?    \_\_\_\_\_ No    \_\_\_\_\_ Yes
- If yes, must the insured meet evidence of insurability requirements?    \_\_\_\_\_ No    \_\_\_\_\_ Yes

Signature: \_\_\_\_\_ Name(Printed): \_\_\_\_\_

Title: \_\_\_\_\_ Phone number: \_\_\_\_\_

Date: \_\_\_\_\_ Fax number: \_\_\_\_\_