



# Preliminary Underwriting Screening

Entire form must be completed in order for OCI to review the file. Additional forms may be requested. This is not an application for insurance.

- **GENERAL INFO:**

Name

State

Date of Birth

Height

Weight

Gender:

Face Amount **\*Must be \$250,000 or Greater\***

Type of Product: Term or Permanent?

Product Details:

- **HAS YOUR CLIENT EVER BEEN DECLINED? IF SO, PLEASE PROVIDE REASON FOR DECLINE & DATES.**

- **TOBACCO USE?**

If yes, what type and do you currently use?

- **MARIJUANA USE IN THE LAST 12 MONTHS?**

If yes, when did you use last?

Frequency:

Is it a prescription?

How is marijuana being taken?

- **MEDICAL IMPAIRMENT:**

Cancer: Type and date of completion:

Diabetes: Date of Diagnosis and last known A1C:

Sleep Apnea - Date of onset: \_\_\_\_\_ Currently under treatment?    Yes    No

Coronary Artery Disease - Date, any surgical procedures (date of procedure), and date of last cardiac test:

Surgery or procedures in last 10 years - Type of surgery and date:

- **MEDICAL HISTORY:**

Please provide any medical impairments within the last 10 years. Please provide diagnoses date and date of last treatment. **\*Depending on the impairment, OCI may request additional health questionnaires to be completed\***

- **MEDICATIONS:**

Medication, purpose, dosage and frequency

- **FAMILY HISTORY**

In your immediate family has there been an occurrence of coronary artery disease, cancer or diabetes?    Yes    No

If yes, Relationship:

**Coronary Artery Disease:** Was the occurrence prior to age 65 and did he/she pass away from this condition?

If death, age at time of passing:

**Cancer:** Type of cancer and did he/she pass away from this condition?

If death, age at time of passing:

**Diabetes:** Was the occurrence prior to age 65 and did he/she pass away from this condition?

If death, age at time of passing:

- **MOTOR VEHICLE/CRIMINAL HISTORY:**

Criminal Violations in past 10 years - If yes, please explain and provide dates and details:

Convicted for driving under the influence or reckless driving? Dates and details:

**Please email completed form to [lifesales@ociservices.com](mailto:lifesales@ociservices.com). You will receive a response within 3-4 days.**